

Document Number Only  
**L00000000 4411**

**CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092**

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-04/17/00--01074--022  
\*\*\*\*125.00 \*\*\*\*125.00

**Corporation(s) Name**

*Jack O' Hearts Halls, LLC*

00 APR 17 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

☐ Profit ☐ Amendment ☐ Merger  
☐ Nonprofit

☐ Foreign ☐ Dissolution ☐ Mark  
☒ LLC

☐ Limited Partnership ☐ Annual Report ☐ Other  
☐ Reinstatement ☐ Reservation ☐ Ch. RA  
☐ Fictitious Name ☐ UCC

☐ Certified Copy ☐ Photocopies ☐ CUS

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APR 17

**Please Return Extra  
Copies File Stamped  
To:  
Melanie Strickland**

*W/2003*

**Thank You!**

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 17, 2000

CT CORP.  
MS

SUBJECT: JACK O' HEARTS HULLS, LLC  
Ref. Number: W00000010073

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TALLAHASSEE, FLORIDA

We have received your document for JACK O' HEARTS HULLS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

To: Tammi Cline  
Document Specialist

Letter Number: 500A00020957

From: Melanie  
Needs today's date  
4-17-00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Jack O' Hearts Hulls, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
17047 Bee Line Highway  
P.O. Box 31715  
Palm Beach Gardens, FL 33410

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

<u>CT Corporation System</u>	
Name	
<u>1200 South Pine Island Road</u>	
Florida street address (P.O. Box <b>NOT</b> acceptable)	
<u>Plantation</u>	<u>FL 33324</u>
City, State, and Zip	

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Connie Bryan *Connie Bryan, Special Asst. Secy.*  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Thomas P. Gallagher  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas P. Gallagher  
Typed or printed name of signee

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)