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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600003347566--0 -08/07/00--01099--021 ****155.00 ****155.00

SUBJECT: JAX KNIGHTS, L. C.

Enclosed is an original and one copy of the articles of incorporation and a check for:

Filling fee \$100.00
Designation of Registered Agent \$25.00
Certified Copy \$30.00

Total \$155.00

FROM:

Amir Haskic

3105 Victoria Park Rd Jaclsonville, FL 32216

4nt

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited I	Liability Company is:		
JAX KNIGHT	S, L.C.		
ARTICLE II - Address:	treat address of the main single office of the Timited T	iahilim Cama	
•	treet address of the principal office of the Limited I	riaomity Comp	Jany Is.
3105 VICTORIA			
JACKSONVILLE	FZ 32216		
	ed Agent, Registered Office, & Registered Agent	's Signature:	
_			
The name and the Florida	street address of the registered agent are:		
	Name V204 BA9 MEADOWS RO Florida street address (P.O. Box NOT acceptable)		
	Name		
	4204 BHYMEADOWS RD		
	Florida street address (P.O. Box NOT acceptable)		
	City, State, and Zip		
	gistered agent and to accept service of process for th		
	lace designated in this certificate, I hereby accept the		
	e to act in this capacity. I further agree to comply w		
	oper and complete performance of my duties, and I a ny position as registered agent as provided for in Ch	•	
accept the ootigations of h	· · · · · · · · · · · · · · · · · · ·	_	···
	danna to	-4	0
	Registered Agent's Signature		ŏ
			<u> </u>
Article IV - Managemen	nt (Check box if applicable.)		Company Transfer
-		re managers a	ınd ⁱ is,
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers at therefore, a manager - managed company.			
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	1	v 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	C7
(An add	itional article must be added if an effective date is r	equested)	jamai 10,2
(2.111.000	Aux Faskio	oquestou)	
S	Signature of a member or an authorized representative of	a member.	
ſ	In accordance with section 608.408(3), Florida Statutes, the ex	vecution	
0	of this document constitutes an affirmation under the penalties	of perjury	
វេ	hat the facts state i herein are true.)	-	
	HMIR HASKIC		
	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)