

L01000004218

FIRST COAST ENTERTAINMENT
8286 WESTERN WAY CR
SUITE D-10
JACKSONVILLE FL 32256

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
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4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

3000003767759--9
-02/26/01--01099--007
****125.00 ****125.00

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

L01-4218
OK

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 9, 2001

FIRST COAST ENTERTAINMENT
8286 WESTERN WAY CR, SUITE D-10
JACKSONVILLE, FL 32256

SUBJECT: AUTOMATION ACCESSORIES, L.L.C.
Ref. Number: W01000004729

We have received your document for AUTOMATION ACCESSORIES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Tammi Cline
Document Specialist

Letter Number: 401A00014513

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01 MAR 19 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 1, 2001

FIRST COAST ENTERTAINMENT
8286 WESTERN WAY CR, SUITE D-10
JACKSONVILLE, FL 32256

SUBJECT: AUTOMATION ACCESSORIES
Ref. Number: W01000004729

We have received your document for AUTOMATION ACCESSORIES 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 name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Tammi Cline
Document Specialist

Letter Number: 501A00012778

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Automation Accessories LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
8286 Western Way Cr
Suite D-10
Jacksonville Florida 32256

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

X

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

Gene Salano
5265 Julington Forest Dr.
Jacksonville Florida 32256

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..

X

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)



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.)

Gene Salano

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)

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19

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Automation Accessories LLC

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

Gene Salano

NAME

8286 Western Way Circle #D-10

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville FL

CITY, STATE AND ZIP

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gene Salano

SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA