

L04000062134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

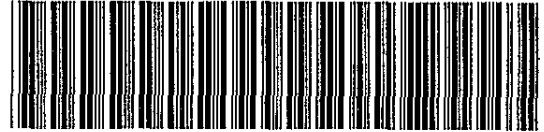
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400040294724

08/19/04--01037--015 \*\*130.00

04 AUG 19 PM 1:25  
DIVISION OF REVENUE  
TREASURY

**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations

**SUBJECT:** J & T Jumping Good Times, LLC

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a check in the amount of \$130.00 for the filing fee, Designation of Registered Agent and for a Certificate of Status.

Please return all correspondence concerning this matter to the following:

Jerry L. Cravey  
7053 Hyde Grove Avenue  
Jacksonville, FL 32210

For further information concerning this matter, please call:

Jerry L. Cravey  
(904) 786-7391

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399  
(850) 245-6051

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314  
(850) 245-6051

04 AUG 19 PM 1:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is J. & T. Jumping Good Times, LLC.

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**  
7053 Hyde Grove Avenue  
Jacksonville, FL 32210

**Mailing Address:**  
7053 Hyde Grove Avenue  
Jacksonville, FL 32210

**ARTICLE III REGISTERED AGENT**

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

Jerry L. Cravey  
7053 Hyde Grove Avenue  
Jacksonville, FL 32210

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
COURT  
JAN 11 2011  
PM 1:25

#### ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member

Jerry L. Cravey  
7053 Hyde Grove Avenue  
Jacksonville, FL 32210

Managing Member

Tim W. Betros  
7053 Hyde Grove Avenue  
Jacksonville, FL 32210

#### REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature 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.)

  
\_\_\_\_\_  
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)

04 AUG 19 PM 1:25

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS