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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 AUG -9 PM12:51

Eff. Date:

1008-34085

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FORCED CULTURE**

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jennifer Jayne Everett**

(Name of Person)

(Firm/Company)

**1867 San Marco Boulevard**

(Address)

**Jacksonville, Florida 32207**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jennifer Jayne Everett**

(Name of Person)

at ( **904** ) **651-0651**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FORCED CULTURE LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

13361 Snowy Egret Court  
Jacksonville, Florida 32224

#### Mailing Address:

13361 Snowy Egret Court  
Jacksonville, Florida 32224

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jennifer Jayne Everett

Name

1867 San Marco Boulevard

Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 32207

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 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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATION  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

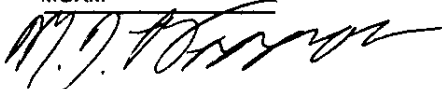
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

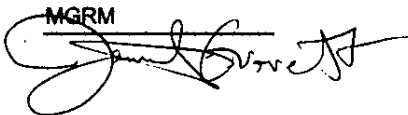


MIKHAEL BRANNON

1321 Landon Avenue

Jacksonville, Florida 32207

MGRM

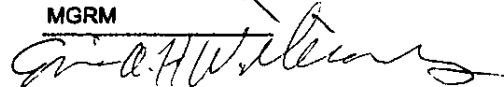


JENNIFER JAYNE EVERETT

1867 San Marco Boulevard

Jacksonville, Florida 32207

MGRM



ERIC ALLAN WILLIAMS

13361 Snowy Egret Court

Jacksonville, Florida 32207

MGRM

SANDI LYNN WILLIAMS

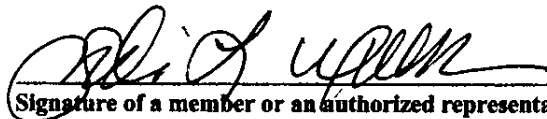
13361 Snowy Egret Court

Jacksonville, Florida 32207

(Use attachment if necessary) *See Attachment A*

**ARTICLE V:** Effective date, if other than the date of filing: AUG. 09, 2008. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

*Sandi L. Williams*

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**ATTACHMENT A**

**UNDER 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**

**"MGR" = Manager**

**"MGRM"= Managing Member**

**MGRM**

*Michael Moseley*

**MICHAEL MOSELEY**

**13230 Arbor Vitae Drive**

**Jacksonville, Florida 32225**

**MGRM**

*Mark Patchell*

**MARK PATCHELL**

**12146 Nesting Swallow Court**

**Jacksonville, Florida 32225**

**MGRM**

*Jeffrey Goodwin*

**JEFFREY SCOTT GOODWIN**

**1301 Defender Court West**

**Atlantic Beach, Florida 32233**