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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09/20/10--01048--018 \*\*155.00

EFFECTIVE DATE 9/17/2010

B. KOHR

SEP 21 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 20 PM 4:55

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Double Jax, LLC.

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:

Benjamin E. Kraljev, Sr.

Name of Person

Double Jax, LLC.

Firm/Company

2765 Leon Road

Address

EFFECTIVE DATE 9/17/2010

Jacksonville Florida 32246

City/State and Zip Code

bnkbldr2@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin E. Kraljev, Sr.

Name of Person

at ( 386 )

882-2071

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 20 11 4 55

EFFECTIVE DATE 9/17/2010

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Double Jax, 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:**

2765 Leon Road  
Jacksonville, Florida  
32246

**Mailing Address:**

2765 Leon Road  
Jacksonville, Florida  
32246

**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:

Benjamin E. Kraljev, Sr.

Name

4269 S. Atlantic Ave.

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

Port Orange

FL 32127

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.*

B. E. Kraljev, Sr.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

William Brett Roark

2765 Leon Road

Jacksonville, Florida 32246

MGR

Benjamin E. Kraljev, Sr.

2765 Leon Road

Jacksonville, Florida 32246

MGR

Julie Wagman

2765 Leon Road

Jacksonville, Florida 32246

MGR

Jennifer Shenigo

2765 Leon Road

Jacksonville, Florida 32246

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 17, 2010. (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.)

Benjamin E. Kraljev, Sr.

Typed or printed name of signee

**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)**