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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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L. SELLERS
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EXAMINER

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COVER LETTER

TO: Registration S Division of Co			
_{SUBJECT:} Red H	lawk Sales II, LL0	C	
	Name of Limite	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Brian L.	Jacobs, Sr.	Name of Person	
Red Haw	k Sales II, LLC		
		Firm/Company	
2916 Rad	e Track Road		
		Address	
St. Augusti	ne, FL 32084		
	·	y/State and Zip Code	
brianljacobs	E-mail address: (to be used f	or future annual report notification)	
For further information	concerning this matter, please	call:	
Brian L. Jacobs,	Sr.	at (904) 824-8154	•
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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 Of Tallahassee, FL 32301	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Hawk Sales II, 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:	Mailing Address:
2916 Race Track Road	2916 Race Track Road
St. Augustine, FL 32084	St. Augustine, FL 32084

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:

Brandon D. Beardsley
Name

3940 Lewis Speedway, Suite 2103

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

St. Augustine, 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 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

ARTICLE IV- Manager(s) or Managing Member(s):

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

ACDM	
IGRM	Brian L. Jacobs, Sr.
	2916 Race Track Road
	St. Augustine, FL 32084
	·
	
Use attachment if necessary)	
• •	-
E.V. Effective date if other than the	e date of filing: February 1 2011 (OPTIC

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Brian L. Jacobs, 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)