## 110000046847

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PICK-UP WAIT MAIL
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: CAPITAL CITY ENTERTAINMENT 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:		
Kenneth Eric Grice Name of Person	<del></del>	
Capital City Entertainment Firm/Company	TI APR	ì
1865 Raymond Tucker Rd.	3 7	
Address	ය ග ග	4
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kenneth Grice at (850) 443-5409  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		: =
Capital City Entertainment (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	٠ 1
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is	5:
Principal Office Address:	Mailing Address:	
1865 Raymond Tucker Pd Tallahasspe, FL 32311	1865 Raymond Tucker Rd. Tallahassee, F1-32311	
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:

Kenneth Grice

Name

1865 Raymand Tuelcer Pol.

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

Tallahassee FL 32311

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) ·

ARTICLE IV- Manager(s) or Manager and address of each Ma	Managing Member(s): anager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kenneth Grice 1865 Raymond Tucker Rd. Tallahassee Fl. 32311
MGRM	Reggie Holiday 2501 N. Market St. unit 3 Dacksonville, Fl. 32206
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
TCLE V: Effective date, if other than n effective date is listed, the date mus 90 days after the date of filing.)	the date of filing: (OPTIONAL to be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Henneth E	
(In accordance with section constitutes an affirmation used am aware that any false in	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

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)

E. Grice
Typed or printed name of signee