

L11000139806

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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**EXAMINER**



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11 DEC 12 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 8TH ROOM ENTERTAINMENT**  
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:

Jordan King  
Name of Person

8TH ROOM ENTERTAINMENT  
Firm/Company

1535 North Market Street  
Address

Jacksonville, Florida 32206  
City/State and Zip Code

the8throoment@yahoo.com

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

For further information concerning this matter, please call:

Jordan King  
Name of Person

at ( 904 ) 444-8734  
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:

8TH ROOM ENTERTAINMENT L.L.C.

(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:

1535 North Market Street Apt B  
Jacksonville, Florida 32206

### Mailing Address:

1535 North Market Street  
Jacksonville, Florida 32206

## 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:

Patricia King

Name

1535 North Market St

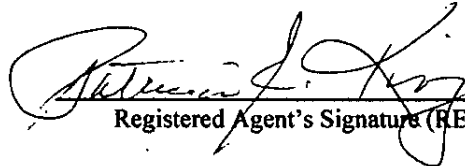
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32206

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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 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"

Jordan Andrew King  
1535 North Market Street  
Jacksonville, Florida 32206

"MGRM"

Rachard Macquel Slaughter  
11520 Sunshine Bay Court  
Jacksonville, Florida 32218

"MGRM"

Jordan Rayeshawn Daniels  
1504 West 11th Street  
Jacksonville, Florida 32209

"MGRM"

Gabvile Dinencio Williams  
3119 Sandhurst Road East  
Jacksonville, Florida 32277

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 2, 2012. (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. 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.)

Jordan Andrew King  
\_\_\_\_\_  
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)**

**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"

Raymond Lee Richardson  
3701 Danforth Drive Apartment 1410  
Jacksonville, Florida 32224

"MGR"

Stephen Andrew Sterrick Jenkins  
11701 Palm Lake Drive Apartment 1917  
Jacksonville, Florida 32218

"MGR"

Patricia Edwina King  
1535 North Market Street  
Jacksonville, Florida 32206

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 2, 2012. (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.)

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Jordan Andrew King  
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)**