

L13000080492

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

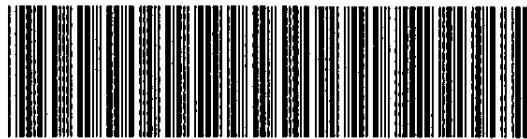
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500247804915

Effective Date 5-24-13

05/20/13--01015--028 **130.00

FILED
2013 MAY 30 AM 9:52
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
DEPARTMENT OF REVENUE

J. SAULSBERRY
EXAMINER
JUN 4 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fitness
JACK ENTERPRISES 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:

HUGH Allen Eason
Name of Person
JACK ENTERPRISES, LLC
Firm/Company
14476 Duval PLACE W. #208
Address
Jacksonville, FL 32218
City/State and Zip Code
allen.eason@comcast.net
E-mail address: (to be used for future annual report notification)

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2013 MAY 30 AM 9:52
CLERK OF COURT
JACKSONVILLE, FLORIDA

For further information concerning this matter, please call:

Allen Eason at (904) 859-6883
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: *Already Paid (See ATTACHED)

- ☐ \$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:

Jack ^{Fitness} Enterprises 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:

14476 Duval Pl. W. #208
Jacksonville, FL 32218

Mailing Address:

SAME

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:

HUGH Allen Eason
Name

14476 Duval Pl. W. #208
Florida street address (P.O. Box **NOT** acceptable)

Jax. FL 32218
City, State, and Zip

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2013 MAY 30 AM 9:52
OFFICE OF STATE
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..

Hugh Allen Eason
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

HUGH Allen Eason
14476 Duval Pl. W. 208
Jax Fl. 32218

MGRM

Chris Cable
14476 Duval Pl. W. 208
Jax Fl. 32218

(Use attachment if necessary)

2018 MAY 30 AM 9:52
STATE
ALL INFORMATION
FLORIDA

FILED

ARTICLE V: Effective date, if other than the date of filing: 05-24-13 (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.)

HUGH Allen Eason
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)