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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. BOSTICK

JUN - 2 2014

**EXAMINER** 

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SUBJECT:	<u> </u>	146'5			G	_	
		Name of	Limited Liabilit	y Company			
The enclosed	d Articles of Orga	nization and fee(s	s) are submitted	for filing.			
Please return	all corresponden	ce concerning this	s matter to the fe	ollowing:			
_		ISA.	4 C	DUK	ч		
			Name of I	Person			
_		IKE'S	TRU	ickin	JG		
_			Firm/Con	npany		<del></del>	
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			110410	<b></b>			
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		. /	City/State and	Zip Code	-/	•	
	(Daa E-ma	il address: (to be	used for future a	nnual report not	ification)	Com	
For further is		rning this matter,			<b>,</b>		
15H	TAC D	SUKU a	и <u>Ш12</u>	583	7785	<del>-</del> _	
	Name of Per	30H	Area Code	Daytime	Telephone Numbe	<b>7</b> 1	
Englosed is a	shook for the fol	louring amount:					

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

# "IZI P 5 03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit		is:				
	IKE'S	TRI	10161	NG,	LLC	<u>-</u>
(	Must end with the wor	ds "Limited L	iability Compa	any, "L.L.Č.,"	or "LLC.")	_
ARTICLE II - Addre The mailing address at	-	principal offi	ce of the Limi	ted Liability C	ompany is:	
Principal Office Add	ress:		Mailing Ado	tress:		
218 1	EARL A	VE		-18 P	EARL	AUC

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:

ISAAC DUKU 5800 BEACH BLVD, Suic 203
Florida street address (P.O. Box NOT acceptable)

JACISSONVILLE, FL 32207

City 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

See Duscu .

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized M "MGR" = Manager	Name and Addre	<u>s:</u>
"M G R"	-5 A / 2 18 2 H ES	PEARL AUG WICK PA 150
EV: Effective date, if other ctive date is listed, the date if filing.)	than the date of filing:e must be specific and cannot be more the	
EV: Effective date, if other ctive date is listed, the date filing.) EVI: Other provisions, if a	than the date of filing:e must be specific and cannot be more the the specific and cannot be more the specific and cannot be specific as the spec	an five business days prior to or 90
ctive date is listed, the data filing.)  E VI: Other provisions, if a  REOUIRED SIGNATURE  Sign  (In accordance  constitutes an af  I am aware that	than the date of filing:e must be specific and cannot be more the the specific and cannot be more the specific and cannot be specific as the spec	resentative of a member . es, the execution of this document the facts stated herein are true. ent to the Department of State 5, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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