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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# McGRATHGIBSON

## INJURY & FAMILY LAW

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MICHAEL D. McGRATH ♦ ♦  
M. BRAD GIBSON ♦  
BRADLEY M. SOPOTNICK ♦  
KEVIN J. LOFTUS ♦  
ELDRED V. "RON" LOFTIN ♦  
JODY A. GREENE ♦  
BRAD J. FEIT ♦  
ROBERT F. BETHEA ♦

August 14, 2014

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Name of Limited Liability Company: DADDYHARD LLC**

To Whom It May Concern:

Please find enclosed the documentation and check number 12426 in the amount of \$130.00, which represents payment for the Filing Fee and Certificate of Status in regards to the above referenced matter.

As always, should you have any questions or concerns, please feel free to contact our office at anytime.

Sincerely,

Natalie Smith, Assistant to:  
Brad Feit, Esq.

BJF/nms  
Matter No.: 13-2649  
Enclosures

☒ RESPOND TO:  
NORTH FLORIDA OFFICES  
6117 ATLANTIC BOULEVARD  
JACKSONVILLE, FLORIDA 32211  
P (904) 358-3300  
F (904) 358-3390

**MIG**  
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WWW.LEARNYOURRIGHTS.COM

☐ RESPOND TO:  
SOUTH FLORIDA OFFICES  
1700 45TH STREET #1737B  
WEST PALM BEACH, FL 33407  
P (561) 358-2223  
F (561) 358-0312

>

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DADDYHARD 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:

Brad Feit  
Name of Person

McGrath Gibson  
Firm/Company

6117 Atlantic Blvd  
Address

Jacksonville, FL 32211  
City/State and Zip Code

feit@learnyourrights.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Feit at ( 904 ) 358-3300  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

DADDYHARD 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:**

4939 Azure St.  
Jacksonville, FL 32258

4939 Azure St.  
Jacksonville, FL 32258

**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:

Chris Cantillo  
Name

4939 Azure St.  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32258  
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 Chapter 605, F.S..*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 AUG 16 10:05 AM  
HALL COUNTY CLERK  
JACKSONVILLE, FL

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President/CEO

**Name and Address:**

Ryan Richards

4617 Pine Blvd

Orange Bch, AL 36561

Consultant

Chris Cantillo

4939 Azure St

Jacksonville, FL 32258

(Use attachment if necessary)

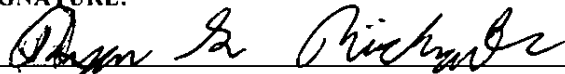
**ARTICLE V:** Effective date, if other than the date of filing: August 22, 2014 (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

Chris Cantillo of Cantillo Entertainment LLC will retain a %20 ownership interest in DADDYHARD LLC  
pursuant to a separate consultant agreement, filed herein.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

RYAN S RICHARDS

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)