

415000002155

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H1500002494 3)))



H15000024943ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000
Fax Number : (813)229-4133

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN - 5 - PM 4:19

FILED

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: loyd@lew3law.com

FLORIDA LIMITED LIABILITY CO.
Jethawks Baseball Concessions, LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (01), and Estimated Charge (\$155.00).

RECEIVED
15 JAN - 6 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JetHawks Baseball Concessions, 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:

Loyd E. Wright III  
Name of Person

\_\_\_\_\_  
Firm/Company

3991 MacArthur Blvd., Suite 175  
Address

Newport Beach, California 92860  
City/State and Zip Code

loyd@lew3law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loyd Wright at ( 949 ) 833-8844  
Name of Person 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

01/06/2015 16:02 FAX  
01/06/2015 15:02 FAX

CFJB\_Law\_Tampa  
CFJB\_Law\_Tampa

001/005  
001

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 2119  
RECIPIENT ADDRESS \*477\*9999999991\*918506176393  
DESTINATION ID  
ST. TIME 01/05 15:01  
TIME USE 01'30  
PAGES SENT 4  
RESULT OK

Division of Corporations

Page 1 of 2

*Refaxing*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

*PLEASE USE  
yesterday's  
date: 1-5-2015*

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000002494 3)))



H150000024943ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CARLTON FIELDS  
Account Number : 076077000355  
Phone : (813) 223-7000  
Fax Number : (813) 229-4133

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: loyd@lew3law.com

FLORIDA LIMITED LIABILITY CO.  
Jethawks Baseball Concessions, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JetHawks Baseball Concessions, 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:

45116 Valley Central Way  
Lancaster, California 93536

45116 Valley Central Way  
Lancaster, California 93536

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

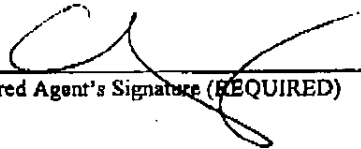
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CFRA, LLC Name  
100 S. Ashley Drive, Suite 400  
Florida street address (P.O. Box NOT acceptable)  
Tampa City FL 33602 Zip

FILED  
15 JAN -5 PM 4:19  
SECRETARY 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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

John C. Kerr, MGR

**Name and Address:**

Suite 1320 - 999 West Hastings Street  
Vancouver, British Columbia  
Canada V6C 2W2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

\_\_\_\_\_  
\_\_\_\_\_

**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.)

Loyd E. Wright III

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)

15 JAN -5 PM 4:19  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**