615000002707

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	!





500267501465

12/22/14--01038--012 **160.00

14 DEC 22 PM 4: 49
SECRETARY OF STATE
TALLAHASSEE, FLORID.

Lauren aleiden 7 2015

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: 6312 Selbourne LLC Name of Li	mited Liability Company	······································
The su	د در در در استان المستور المست	and the state of four fittings	
	closed Articles of Organization and fee(s) a	•	
Please	return all correspondence concerning this n	natter to the following:	
	Kathryn Kislak	Name of Person	
	•	Name of Person	
	JIK Holdings LLC	r: /0	
		Firm/Company	
	3116 W. Hawthorne Road	Address	
		Address	
	Tampa, FL 33611	City/State and Zip Code	
kie	slakmgmt@gmail.com	City/State and Zip Code	
-131:	E-mail address: (to be use	ed for future annual report notific	ation)
For fur	ther information concerning this matter, ple	ase call:	
Kathn		917) 842-6382	
	Name of Person	Area Code Daytime Te	elephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Add Registration Section	ress
	Division of Cornorations	Division of Corpora	tions

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:		
6312 Selbourne L		imited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Add The mailing address		ripal office of the Limited Liability Compa	any is:
Principal Office Ac	<u>ldress:</u>	Mailing Address:	
3116 W. Hawthorn Tampa, FL 33611			
(The Limited Liabili another business en		•	ate an individual or \$\frac{14}{ALLAH}DEC
		Name	AR 22
	4950 West Kennedy Bly Florida street address (P.C		## HA ##
	Tampa	FL 33609	
	City	Zip	DA A
the place designo capacity. I further	uted in this certificate, I hereby agree to comply with the provi I am familiar with and accept t	ept service of process for the above stated to accept the appointment as registered agentisions of all statutes relating to the proper of the obligations of my position as registered.	t and agree to act in this and complete performance

Chapter 605, F.S..

Registered Agent' (S)gnature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason Kislak
	3116 W. Hawthorne Road
	Tampa FL, 33611
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	LORIDA
V: Effective date, if other than the date	of filing: (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be sp	₽
EV: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: (OPTIONAL)
Use attachment if necessary) CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) CVI: Other provisions, if any.	of filing: (OPTIONAL)
CV: Effective date, if other than the date ctive date is listed, the date must be sp I filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) CVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
CV: Effective date, if other than the date effive date is listed, the date must be sp filling.) CVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
CV: Effective date, if other than the date effive date is listed, the date must be sp filling.) CVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96 mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) CVI: Other provisions, if any. REOURED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are affirmation	of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 96 mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	of filing:
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information to constitutes a third degree felon	of filing: