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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CT: Gentleman Jack LLC	nited Liability Company	
	Name of Lir	nited Liability Company	
The enc	losed Articles of Organization and fee(s) an	re submitted for filing.	
Please r	eturn all correspondence concerning this m	atter to the following:	
	Riley Noonan	Name of Person	<del> </del>
	Gentleman Jack LLC	Firm/Company	
	11718 North dr.	Address	
		Addicas	
	Tampa, fl 33617		
	C	ity/State and Zip Code	
CO	ntactgentlemanjack@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
	ner information concerning this matter, plea		,
ror turu	her anormation concerning this matter, pier	isc can.	
Riley	loonan at ( )	313) 9921711	
	Name of Person	Area Code Daytime Tel	ephone Number
Enclose	d is a check for the following amount:		
□ \$125.00	Filing Fee  \$\overline{\ov	□\$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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Gentleman Jack LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11718 North Dr Tampa、Fl, 33617	11718 North Dr Tampa, Fl. 33617
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Riley Noonan Name	
11718 North Dr. Florida street address (P.O. Box	
Tampa	FL 33617
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signatu	ITALLIA TAN LA SECRETARIA SECRETARIA LA SECRETARIA LA SECRETARIA LA SECRETARIA SECRETARI
(CONTINUE	
Page 1 of 2	<u> </u>

<u> Fitle:</u>	Name and Address:	
'AMBR" = Authorized Member		
"MGR" = Manager	0 1 1 1 0 11	
AMBR	Sandy Lopez de Castila	
	11718 North Dr	
	<u>Tampa, fl. 33617</u>	
	<del></del>	
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Use attachment if necessary)  EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9	0 <b>d</b>
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