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DIVISION OF CORPORATIONS
15 NOV -9 PM 12: 26

15 NOV -9 PM 12: 50
TALLAHASSEE, FLORIDA

RECORDED

20

11/19/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THISAVENUE.COM 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:

ALICIA LYNN RIGGS
Name of Person

THISAVENUE.COM LLC
Firm/Company

13143 RIVERGATE WAY
Address

JACKSONVILLE, FL 32223
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICIA LYNN RIGGS at (972) 835-9938
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THISAVENUE.COM LLC

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THISAVENUE.COM LLC

(Must contain the words "Limited Liability," "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:

THISAVENUE.COM LLC

13143 RIVERGATE WAY

JACKSONVILLE, FL 32223

THISAVENUE.COM LLC

13143 RIVERGATE WAY

JACKSONVILLE, FL 32223

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:

ALICIA LYNN RIGGS

Name

13143 RIVERGATE WAY

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

JACKSONVILLE

City

FL 32223

State

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

THISAVENUE.COM LLC

ATX1

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ALICIA LYNN RIGGS

13143 RIVERGATE WAY

JACKSONVILLE, FL 32223

AMBR

TOMMIE E. HALL

200 EXECUTIVE WAY ROOM 106

PONTE VEDRA BEACH, FL 32082

(Use attachment if necessary)

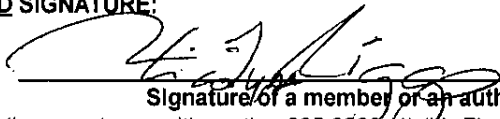
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

ALICIA LYNN RIGGS

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)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
15 NOV -9 PM 12:26