

L16000036283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

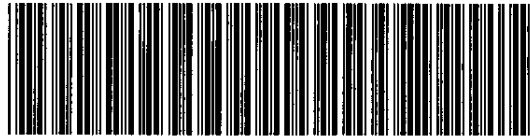
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100282226191

100282226191
02/16/16--01038--002 **130.00

FILED

16 FEB 16 PM 12:32

STATE
CLERK
ALABAMA, MOBILE

2/23/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AC-JLEN, 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:

JOHN M. MCDONALD

Name of Person

EVANS, JONES REYNOLDS P.C.

Firm/Company

401 COMMERCE STREET, SUITE 710

Address

NASHVILLE, TN 37219

City/State and Zip Code

alucas@cowanbenefit.com

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

For further information concerning this matter, please call:

John M. McDonald

615

259-4685

at ()

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

FILED
16 FEB 16 PM 12:32
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AC-JLEN, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 FEB 16 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

C/O UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 50
MIAMI, FL 33156

Same

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:

UNITED CORPORATE SERVICES, INC.

Name

9200 SOUTH DADELAND BLVD., SUITE 50

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

MIAMI

FL

33156

City

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.

Michael A. Barr

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

AMBR

Name and Address:

The 2015 Lucas Family Trust

C/O Aeron Lucas, Trustee

200 S. Dadeland Blvd., STE 50, Miami, FL 33156

(Use attachment if necessary)

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

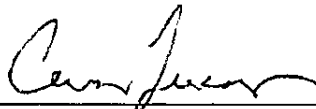
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The Limited Liability Company is a member-managed entity, and its sole member, The 2015 Lucas Family Trust, acting through its trustees has all authority to manage and control the Limited Liability Company.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Aeron Lucas, Trustee of The 2015 Lucas Family Trust

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
16 FEB 16 PM 12:32
DEPARTMENT OF STATE
HALLWAY 1011 LONDA