

L17000064169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

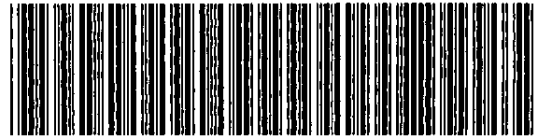
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/17--01010--012 **130.00

FILED
17 MAR 22 AM 9:57
CLERK OF COURT
TALLAHASSEE, FLORIDA

03/23/17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KING ROAR - T PALACE, 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:

3944 SOUTEL DR
JACKSONVILLE, FL. 32208

Mailing Address:

10555 SHAMROCK ROAD
JACKSONVILLE, FL. 32256

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:

JEREMIAH JACKSON, JR.

Name

10555 SHAMROCK ROAD

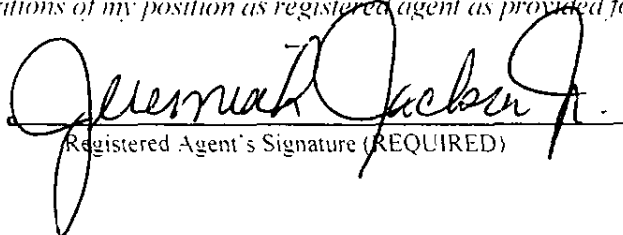
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FL. 32256

City, State, and Zip

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17 MAR 22 AM 9:57
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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGR"

JEREMIAH JACKSON, JR.
10555 SHAMROCK ROAD
JACKSONVILLE, FL. 32256

"MGRM"

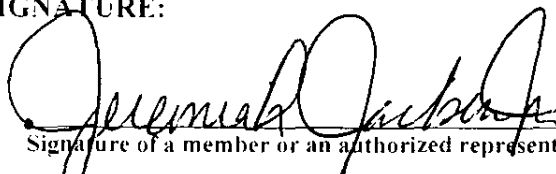
ELIZABETH JACKSON
10649 MCLAURIN ROAD E.
JACKSONVILLE, FL. 32256

(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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEREMIAH JACKSON, JR.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 22 AM 9:57

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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)