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SECRETARY OF STATE
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N CULLIGAN JAN 9 2018

COVER LETTER

	River City Knockerball, LLC		
SUBJECT	: Name of I	Jimited Liabil	ity Company
	ed Articles of Organization and fee(s)		
	rn all correspondence concerning this		
	Gerald Patrick Smith		
		Name of	Person
		Fi/6-	
	12224 Two Springmoor Court	Firm/Co	mpany
		Addı	ress
	Jacksonville, FL 32225		
	Balancah sekali@amail.aam	City/State ar	d Zip Code
-	Reknockerball@gmail.com E-mail address: (to be us	sed for future :	annual report notification)
For further i	nformation concerning this matter, ple	ase call:	•
	Gerald Patrick Smith	706 (871-6088
	Name of Person		Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	sling Fee \$130.00 Filing Fee & Certificate of Status	└─¹Certifi	on Filing Fee & S160.00 Filing Fee, led Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclose)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

River City Knoc				<u> </u>
(Must	contain the words "Limited	Liability Company. "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal o	office of the Limited 1	liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Addre	<u>ess</u> :
Gerald Patrick S	Gerald Patrick Smith		12224 Two Springmoor Court Jacksonville, Fl. 32225	
	Gerald Patrick Smith	n Name toor Court		FILED JAN -8 AN 11: 36 AHASSEE FLORIDA AHASSEE FLORIDA
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)	AIE RID
	<u>Jacksonville</u> City	Florida State	32225 Zip	
lace designated in this certif orther agree to comply with t	ered agent and to accept serv icate, I hereby accept the app the provisions of all statutes t he obligations of my position	rice of process for the coontinent as registered relating to the proper of	above stated limited liabil d agent and agree to act i and complete performanc s provided for in Chapter	n this capacity I we of my duties, and I

(CONTINUED)

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

"MGR" = Manager AMBR Gerald Patrick Smith 12224 Two Springmoor Court Jacksonville, FL 32225 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records. (CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) 4b1. Florida Statutes, I am aware that any false information submitted in a document to the Department of State's records. (CLE VI: Other provisions, if any. Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	"AMBR" = Authorized Momber	Name and Address:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:					
12224 Two Springmoor Court Jacksonville, FL 32225		0 110 110 11			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR				
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [COPTIONAL] Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af set filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ument's effective date on the Department of State's records. I.E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1)4b), Florida Statutes. I am aware that any lake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Gerald Patrick Smith Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$250.00 Certified Copy (Optional)		Jacksonville, Pt. 32223			
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