## L18000097657

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	<del>.</del>
Certificates	of Status
Filing Officer:	
	dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates





100311572651

04/12/18--01021--023 \*\*130.00

ZOIB APR 12 PH 3: 30
SECTEMENT OF STATE

APR 2 U 2018

K. Brumbley

## COVER LETTER

TO:	New Filing Section Division of Corporations
	Jenkins Sporting Company, LLC
SUBJE	CT: Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
	eturn all correspondence concerning this matter to the following:
	Jennaine Jenkins
	Name of Person
	Firm/Company
	8658 Dufferin Lane
	Address
	Orlando, Fl 32832
	City/State and Zip Code Jarmaij@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Jermaine Jenkins 706 372-8590
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>]\$</b> 125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \ \times \text{Certified Copy (additional copy is enclosed)} \ \times \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy is enclosed} \ \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy is enclosed} \ \text{Certified Copy (additional copy is enclosed)} \ C

Malling 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	¢.
-----------------	----

The name of the Limited Liability Company is:

Jenkins Sporting Company, LLC

(Must contain 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:	Mailing Address:
8658 Dufferin Lane	
Orlando, Fl 32832	· · · · · · · · · · · · · · · · · · ·

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:

Natalie Jenkins		
	Name	
8658 Dufferin Lane		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Orlando	F	32832
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. Lhereby 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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Jermaine Jenkins
AMDK	8658 Dullerin Lane
	Orlando, Fl 32832
<del></del>	<u> </u>
(Use attachment if necessary)  E.V: Effective date, if other than the date and the	e of filing:
EV: Effective date, if other than the datective date is listed, the date must be so filling.)	pecific and cannot be more than five business days prior to or 90 di- meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the datective date is listed, the date trust be sof filing.) the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 di- meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 di- meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 di- meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be tof State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be tof State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOURED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be tof State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature blant This document is executed.	meet the applicable statutory filing requirements, this date will not be to of State's records.  Ember or an authorized representative of a member.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a in This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records.  member or an authorized representative of a member.  meted in accordance with section 605.0203 (1) (b), Florida Statutes.  is information submitted in a decument to the Description of the content of the conten
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a in This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records.  member or an authorized representative of a member.  meted in accordance with section 605.0203 (1) (b), Florida Statutes.  is information submitted in a decument to the Description of the content of the conten
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a in This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to of State's records.  member or an authorized representative of a member.  meter in accordance with section 605.0203 (1) (b), Florida Statutes, it information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a in This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be to of State's records.  member or an authorized representative of a member.  meter in accordance with section 605.0203 (1) (b), Florida Statutes, it information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-