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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

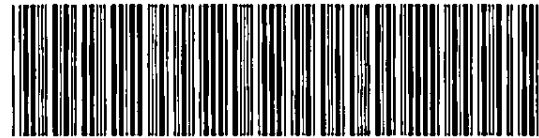
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 NOV 13 AM 6:12  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: BAD MONKEY CLOTHING 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:

**MORRIS D JAMES**

\_\_\_\_\_  
Name of Person

**BAD MONKEY CLOTHING LLC**

\_\_\_\_\_  
Firm/Company

**9536 PRINCETON SQUARE BLVD #1702**

\_\_\_\_\_  
Address

**JACKSONVILLE, FL 32256**

\_\_\_\_\_  
City/State and Zip Code

**MOJOJAMES76@GMAIL.COM**

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

For further information concerning this matter, please call:

**MORRIS D JAMES**

**904**

**764-7717**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAD MONKEY CLOTHING 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:

9536 PRINCETON SQUARE BLVD

#1702

JACKSONVILLE, FL 32256

Mailing Address:

9838 OLD BAYMEADOWS ROAD

#338

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:

MORRIS D JAMES

Name

9536 PRINCETON SQUARE BLVD #1702

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

JACKSONVILLE

FL

32256

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..*

Morris James

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
DIVISION OF CORPORATE REGISTRATION  
18 NOV 13 AM 6:12  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MORRIS D JAMES

9536 PRINCETON SQUARE #1702

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.)

**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:**

*Morris James*

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.

MORRIS D JAMES

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)

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
18 NOV 13 AM 6:12

**Terence N. Thurson**

Full Service Accounting Firm  
8672 Phillips Highway  
Jacksonville, FL 32256  
Tele: (904) 764-7717  
Fax: (904) 652-0365  
Email: [tntrt1@bellsouth.net](mailto:tntrt1@bellsouth.net)  
Web: [thursonaccounting.com](http://thursonaccounting.com)

October 31, 2018

RE: L17000142838  
Bad Monkey Clothing LLC  
Attn: Morris D James  
9536 Princeton Square Blvd #1702  
Jacksonville, FL 32256

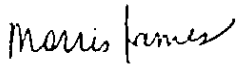
To Whom This May Concern,

The above referenced individual Mr. Morris D James is the owner of this limited liability company and has no plans on reinstating the old limited liability company. He would like to start a new limited liability company but with the same name.

Very Truly Yours,



Terence N Thurson



Morris D James - MGR

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DIVISION OF CORPORATION  
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