

L 19000069125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

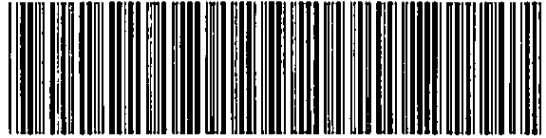
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~19000009255~~

Office Use Only



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01/24/19--01010-017 **130.00

FILED
2019 MAR 19 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

FL
LLC

03-19-19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2019

JOHN L. DAVIDSON SR.
6722 ARLINGTON EXPRESSWAY #203
JACKSONVILLE, FL 32211

SUBJECT: 93RD ENTERTAINMENT LLC
Ref. Number: W19000009255

We have received your document for 93RD ENTERTAINMENT LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 719A00002097

COVER LETTER

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

SUBJECT: 93 rd Entertainment 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 L Davidson Sr

Name of Person

93rd Entertainment LLC

Firm/Company

6722 Arlington Expressway 2013

Address

Jacksonville, FL 32211

City/State and Zip Code

jldavidson216@gmail.com

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

For further information concerning this matter, please call:

John L Davidson

904

5020766

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

RECEIVED

MAR 14 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

93RD ENTERTAINMENT 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:

6722 ARLINGTON EXPRESSWAY
#2013
JACKSONVILLE, FL 32211

2124 ALFA ROMEO DR
JACKSONVILLE, FL 32246

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:

JOHN L DAVIDSON SR
Name

2124 ALFA ROMEO DR
Florida street address (P.O. Box **NOT** acceptable)

<u>JACKSONVILLE</u>	<u>FL</u>	<u>32246</u>
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CEO

Name and Address:

Erika Davidson

2124 Alfa Romeo DR

Jacksonville, FL 32246

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/29/2019. (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.

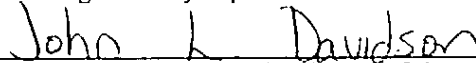
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.



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)