119000388284

| (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: |
| |
| |
| |

Office Use Only



500337720185

12/09/19--01002--016 **320.00



TALLAHASSEE, TALLAHASSEE,

N CULLIGAN DEC 9 2019

CORPORATE

When you need ACCESS to the world

ACCESS, _INC.

.43

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | | VV PALSIK II V |
|------------------|--|----------------------|
| | PICK U | P: <u>12/06/2019</u> |
| хх | CERTIFIED COPY | |
| | РНОТОСОРУ | |
| xx | CUS | GOOD STANDING |
| A | FILING | _LLC |
| 1. | KOVNICK JAX, LLC (CORPORATE NAME AND DOCUMENT) | T #1 |
| 2. | TO MONTH MAND AND BOCOMEN | 1 11/ |
| ۷. | (CORPORATE NAME AND DOCUMEN | T #) |
| 3. | (CORPORATE NAME AND DOCUMEN | T' #) |
| 4. | (CORPORATE NAME AND DOCUMEN' | Т#) |
| 5. | CONTON CTO VIA UN AND INCOME | |
| 6. | (CORPORATE NAME AND DOCUMEN | 1 #) |
| | (CORPORATE NAME AND DOCUMENT | Γ#) |
| SPECIA INSTRU | L CTIONS: | |
| | | |
| | | |

COVER LETTER

| | ew Filing Section ivision of Corporations | | | | | | |
|----------------|--|-------------------|--|--|--|--|--|
| SUBJECT | Kovnick JAX, LLC | | | | | | |
| SUBJEC.1 | | of Limited Liabi | Tity Company | | | | |
| The enclose | ed Articles of Organization and fee | (s) are submitted | for filing. | | | | |
| Please retur | m all correspondence concerning t | his matter to the | following: | | | | |
| | Brian Lebrecht | | | | | | |
| | | Name o | Person | | | | |
| | Clyde Snow & Sessions, P.C. | | | | | | |
| | Firm/Company 201 S. Main St., Suite 1300 Address | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Salt Lake City, UT 84111 | | | | | | |
| | 10.1.1. | City/State ar | d Zip Code | | | | |
| - | bal@clydesnow.com F-mail address: (to be | used for future | nnnual report notification) | | | | |
| For further in | nformation concerning this matter, | | TEXACTION TO SERVICE T | | | | |
| | Brian Lebrecht | 801 at (| 433-2453 | | | | |
| • | Name of Person | Area Code | Daytime Telephone Number | | | | |
| Enclosed is | a check for the following amount: | | | | | | |
| \$125.00 Fil | _ | & S 155.0 | 20 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | Mailing Address New Filing Section | | Street Address New Filing Section | | | | |
| | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Division of Corporations Clifton Building 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

| Kovnick JAX, LLC | n the words "Limited | Liability Company | "L.L.C.," or "LLC.") | |
|---|--|---|---------------------------------|---|
| ARTICLE II - Address: The mailing address and street add | | • • • | | |
| Principal | Office Address: | | Mailing Address: | |
| Michael C. Kovnick | | | hael C. Kovnick | |
| 301 W. Platt Street, #2. | 22 | | W. Platt Street, #222 | |
| Tampa, FL 33606 | | <u>T</u> an | ıpa. FL_33606 | |
| another business entity with an act | tive Florida registrati | | You must designate an individua | S 25 |
| The name and the Florida street ad | dress of the registere | on.) d agent are: Dutions, Inc. Name | | 2015 SEC |
| • | dress of the registere | on.) d agent are: Dutions, Inc. Name Suite A | | 2015 SEC |
| • | dress of the registere Registered Agent So 155 Office Plaza Dr | on.) d agent are: Dutions, Inc. Name Suite A | | 2015 SEC |
| • | Registered Agent So 155 Office Plaza Dr Florida street addre | on.) d agent are: Duttions, Inc. Name Suite A ss (P.O. Box <u>NOT</u> a | cceptable) | 2015 DEC -6 PM 12: SECRETARY OF ST TALLAHASSEE, |

(CONTINUED)

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Brian Lebrecht