

8/19/2020

Division of Corporations

**L20000242481**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000286150 3)))



H200002861503ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
Fax Number : (904)396-0663

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
20 AUG 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.  
BLACK HIVE ATHLETICS SOUTHSIDE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED  
2020 AUG 19 AM 11:02  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

AUG 20 2020

H20000286150

**ARTICLES OF ORGANIZATION  
OF  
BLACK HIVE ATHLETICS SOUTHSIDE, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Act").

**ARTICLE I - NAME**

The name of this limited liability company (the "Company") is **BLACK HIVE ATHLETICS SOUTHSIDE, LLC**.

**ARTICLE II - ADDRESS**

The initial address of the principal office and the initial mailing address of the Company is 7018 A C Skinner Parkway #260, Jacksonville, FL 32256.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 705 3<sup>rd</sup> Street North, Jacksonville Beach, FL 32250 and the name of its initial registered agent at such address is Brent Parrish.


**ARTICLE IV - MANAGEMENT OF THE COMPANY**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial manager of the Company is Brent Parrish at 705 3<sup>rd</sup> Street North, Jacksonville Beach, FL 32250.

**ARTICLE V - LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

**IN WITNESS WHEREOF**, the undersigned, being an authorized representative of the Member of the Company, has executed these Articles of Organization this 18 day of August, 2020. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Brent Parrish, Authorized Representative

FILED  
20 AUG 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H20000286150

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida:

1. The name of the limited liability company is:

**Black Hive Athletics Southside, LLC**

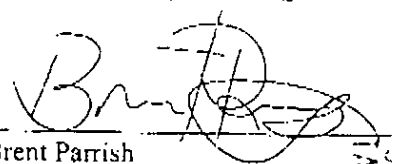
2. The name and address of the registered agent and office is:

**Brent Parrish  
705 3<sup>rd</sup> Street North  
Jacksonville, FL 32250**

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.

Dated: August 18, 2020

Signature of Registered Agent

  
Brent Parrish

FILED  
20 AUG 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA