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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

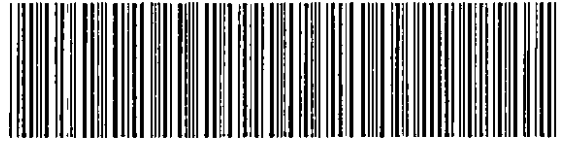
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 2020

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JAX UNLIMITED ADVENTURES, LLC

Signature \_\_\_\_\_

Requested by: SETH

08/25/20

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION OF  
JAX UNLIMITED VENTURES, LLC**

**ARTICLE I**

*Name*

The name of this Limited Liability Company is **Jax Unlimited Ventures, LLC**, a limited liability company.

**ARTICLE II**

*Term*

24, Jax Unlimited Ventures, LLC shall exist for a period beginning on August 24, 2020 and will continue for perpetual duration.

**ARTICLE III**

*Address*

The street address of the principal office of Jax Unlimited Ventures, LLC will be 844 15<sup>th</sup> Ave North, Jacksonville Beach, FL 32250, and such other place or places as the members from time to time may determine.

**ARTICLE IV**

*Registered Agent & Address*

The initial registered agent of Jax Unlimited Ventures, LLC shall be Timothy P. Kelly, P.A., a Florida professional association, whose address is 1016 LaSalle Street, Jacksonville, Florida 32207.

**ARTICLE V**

*Addition of New Members*

Additional members may be admitted by unanimous consent of all members. Additional members may also be admitted in accordance with the procedures set forth in the Operating Agreement.

**ARTICLE VI**

*Continuation of Business upon Withdrawal of Member*

The remaining members may continue the business of Jax Unlimited Ventures, LLC, notwithstanding the withdrawal of one or more members, whether due to death, retirement, resignation, expulsion, bankruptcy, or other reason.

ARTICLE VII

*Management*

Jax Unlimited Ventures, LLC will be managed by Managers. The initial **Managers** are Brent Shaw Hutchinson, whose mailing address is 844 15<sup>th</sup> Ave North, Jacksonville Beach, Florida 32250 and Stephen David Kirsten, whose mailing address is 844 15<sup>th</sup> Ave North, Jacksonville Beach, Florida 32250.

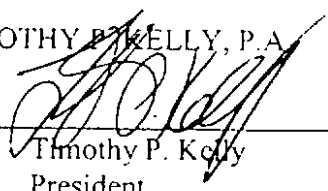
ARTICLE VIII

*Authority & Purpose*

Jax Unlimited Ventures, LLC is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all things which are necessary, desirable or incidental to the foregoing purpose.

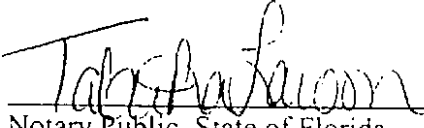
IN WITNESS WHEREOF, these Articles of Organization have been executed by the authorized representative of the members.

TIMOTHY P. KELLY, P.A.

  
By: Timothy P. Kelly  
Its: President  
Incorporator

STATE OF FLORIDA       )  
COUNTY OF DUVAL     )

The foregoing instrument was acknowledged before me by means of physical presence, this 24 day of Aug, 2020, by Timothy P. Kelly, as President of Timothy P. Kelly, P.A., incorporator, who is ☒ personally known to me or who has ☐ produced drivers license as identification.

  
Notary Public, State of Florida  
My Commission Expires:  
My Commission Number is:

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned organization, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent in the State of Florida.

The name of the organization is Jax Unlimited Ventures, LLC, a limited liability company.

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

**Timothy P. Kelly, P.A.,**  
a Florida Professional Association  
1016 LaSalle Street  
Jacksonville, Florida 32207

Having been named as registered agent and to accept service of process for the above stated organization at the place designated in this Certificate, Timothy P. Kelly, P.A. hereby accepts appointment as registered agent and agrees to act in this capacity. Timothy P. Kelly, P.A. further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

**Timothy P. Kelly, P.A.,** Registered Agent

By: \_\_\_\_\_

Timothy P. Kelly, President

Effective Date:

August 24, 2020

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TALLAHASSEE, FL

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