

Florida Department of State

L21000122098

Division of Corporations
Electronic Filing Cover Sheet

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((H21000118254 3)))



H210001182543ABCY

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

From: Account Name : GINN & PATROU, PA
Account Number : I20190000124
Phone : (904)461-3000
Fax Number : (844)730-9828

FILED
3/25/21
OFF

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

Email Address: thermes@ginnpatrou.com

**FLORIDA LIMITED LIABILITY CO.
3 Musketeers Jax, LLC**

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

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RECEIVED
DIVISION OF CORPORATIONS
COMMERCIAL
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H210001182543

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 Musketeers Jax, 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:

4981 Trevino Circle
Duluth, GA 30096

Mailing Address:

4981 Trevino Circle
Duluth, GA 30096

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:

Ginn & Patrou, PA
Name

770 41A Beach Blvd; Unit D
Florida street address (P.O. Box NOT acceptable)

St. Augustine FL 32080
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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MARCH 24 2021
DULUTH, GA

#21000118254 3

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR _____

Name and Address:

Tasha Dennis
4981 Trevino Circle
Duluth, GA 30096

AMBR _____

Terr Sealts
4300 Tallay Trail
Conyers, GA 30013

AMBR _____

Garrett Dennis
6505 Collins Road #1231
Jacksonville, FL 32244

(Use attachment if necessary)

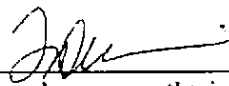
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Tasha Dennis

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)

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MARCH 25 2021
STATE OF FLORIDA
DEPARTMENT OF STATE