

4/22/2021

Division of Corporations

\*SECOND FILING

KEEP ORIGINAL FILING DATE

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.**

((H21000162111 3)))



H210001621113ABCP

**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 : SHEEHAN & CELAYA, P.A.  
Account Number : I20080000087  
Phone : (863)465-1551  
Fax Number : (863)465-5251

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

Email Address: kestyn2kyle@aol.com

**FLORIDA LIMITED LIABILITY CO.  
JAXSON'S ENTERTAINMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

## **ARTICLES OF ORGANIZATION JAXSON'S ENTERTAINMENT, LLC**

The undersigned certify that they are hereby forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. They further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

### **ARTICLE I NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of the limited liability company shall be **JAXSON'S ENTERTAINMENT, LLC** and its principal office shall be located at 413 Darter Street, N.W., Lake Placid, Florida 33852, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate. The mailing address shall be 413 Darter Street N.W., Lake Placid, Florida 33852. The names and addresses of the members of the limited liability are as follows:

Name:	Address:
<b>JAMES G. McKELLAR, JR.</b>	413 Darter Street, N.W. Lake Placid, Florida 33852
<b>BOBBY JO McKELLAR</b>	413 Darter Street, N.W. Lake Placid, Florida 33852

2021 APR 22 F

### **ARTICLE II PURPOSES AND POWERS**

The limited liability company is authorized to engage in any activity or business authorized under the Florida Statutes.

### **ARTICLE III MANAGEMENT**

Management of this limited liability company shall be member managed.

**ARTICLE IV  
DURATION**



This limited liability company shall exist perpetually from the date of the filing of these Articles with the Florida Secretary of State, or until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

**ARTICLE V  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the limited liability company is 413 Darter Street, N.W., Lake Placid, Florida 33852, and the name of the company's initial registered agent at that address is **JAMES G. McKELLAR, JR.**

The undersigned, **JAMES G. McKELLAR, JR.** and **BOBBY JO McKELLAR**, being all of the members of the limited liability company, certify that this instrument constitutes the proposed Articles of Organization of **JAXSON'S ENTERTAINMENT, LLC.**

Executed by the undersigned, at Lake Placid, Florida, on this 22 day of April, 2021.


  
**JAMES G. McKELLAR, JR., Member**  
  
**BOBBY JO McKELLAR, Member**

STATE OF FLORIDA  
COUNTY OF HIGHLANDS

**THE FOREGOING INSTRUMENT** was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 22<sup>nd</sup> day of April, 2021, by **JAMES G. McKELLAR, JR.** who ☐ is personally known by me, or who ☒ has produced his Florida Driver's License as identification.



GAIL A. LIPSCOMB  
Commission # GG 116821  
Expires August 26, 2021  
Bonded Three Budget Notary Services

  
**GAIL A. LIPSCOMB**  
Notary Public, State of Florida  
(Affix Seal)


((H21000162111 3)))

STATE OF FLORIDA  
COUNTY OF HIGHLANDS

**THE FOREGOING INSTRUMENT** was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 22nd day of April, 2021, by **BOBBY JO McKELLAR** who ☐ is personally known by me, or who ☒ has produced her Florida Driver's License as identification.



GAIL A. LIPSCOMB  
Commission # GG 116821  
Expires August 28, 2021  
Bonded Thru Digital Notary Services

  
**GAIL A. LIPSCOMB**  
Notary Public, State of Florida  
(Affix Seal)

### **STATEMENT**

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, Florida Statutes.

  
**JAMES G. McKELLAR,**  
Resident Agent

((H21000162111 3)))