

L23000418845

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6281

From: Account Name : HANKIN & HANKIN  
Account Number : 120200000209  
Phone : (941)957-0080  
Fax Number : (941)957-0558

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

Email Address: SAMIR.LUDRST@MEDTRONIC.COM

RECEIVED  
2023 SEP -8 AM 11:26  
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.  
FUNJACK, LLC

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

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Handwritten initials

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: FUNJACK, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samir Choksi  
Name of Person  
Firm/Company  
4815 Ancient Marble Dr  
Address  
Sarasota FL 34240  
City/State and Zip Code  
samir.choksi@meditonic.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Samir Choksi 702 755-5786  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FUNJACK, 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:

Mailing Address:

7592 Aguila Dr  
Sarasota FL 34240

4815 Ancient Marble Dr  
Sarasota FL 34240

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:

Hankin & Hankin

Name

100 Wallace Ave Ste 100

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FL

34237

City

State

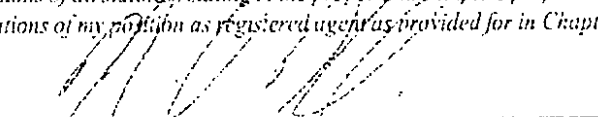
Zip

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FALL AHAASSEE FL 34201

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*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

Samir Choksi  
4815 Ancient Marble Dr  
Sarasota FL 34240

MGR \_\_\_\_\_

Christer Choksi  
4815 Ancient Marble Dr  
Sarasota FL 34240

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

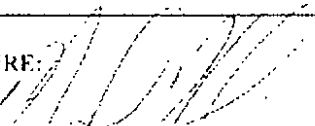
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Michael T. Hankin \_\_\_\_\_

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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