To:

3005 Cont CO Inc.

12/26/23 3:33 PM

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

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Phone : (323)952-8600 Fax Number : (323)389-0502

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## FLORIDA PROFIT/NON PROFIT CORPORATION

# Dark Reunion & Jesse LLC

Certificate of Status	()
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

### COVER LETTER

TO;	New Filing Sec Division of Co.				
SUBJE		ion &Jesse LLC			
307201		Nam	e of Limited	Liability Corpus	
The en	closed Anicles of	Organization and f	ce(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning	this matter to	o the following:	
	Chevenne N	foseley			
	<del></del>		Na	me of Pusch	
	Legalzoom.c	cont. Inc.			
			l'it	mCanpay	
	101 N Branc	Blvd., 11th Floor			
				Addes	
	Glendale CA	A 91203			
	ramanagemer	nt@legalzoom.com		ate and Zip Care	
				iture annual report notific	ation)
For furth	er information co	ncerning this matter	r, please call:		
	Cheyenne M	oseley	323 _at (	962-8600 ext. 97	<u>-</u> 24
	Nem	e of Person	Area Co		one Number
Enclose	ed is a check for t	he following amour	d:		
□\$125	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta	itus (	■\$155.00 Filing Fee & Tertified Copy ditional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is endown)
		ngAddress iling Section		StreetAddress New Filing Section	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallalassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Dark Reunion &Jesse LLC	
(Must conatin the words "Limited Linbit	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
55412 Yellow Jacket Dr	55412 Yellow Jacket Dr
Callahan, FL 32011	Callahan, FL 32011

a street address of the registered agent are:

United States Corpo	oration Agents, Inc.	
	Name	
476 Riverside Ave.		
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Jacksonville	FL	32202
CN/	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 ceruficate. 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 (NECLINE)

(CONTINUED)

# ARTICLE IV-

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

Title: "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	HIDE
AMBR	Ivan T Mote II 55412 Yellow Jacket Dr. Callahan, FL 32011
AMBR	Shakur I. Sutherland 55412 Yellow Jacket Dr. Callahan, Fl. 32011
AMBR	Kyle I Brown 55412 Yellow Jacket Dr. Callahan, FL 32011
AMBR	Marlon F Berrouet Jr. 55412 Yellow Jacket Dr. Callahan, FL 32011
(If an effective date is listed, the dat the date of filing.)	than the date of filing:
ARTICLE VI. One provisions, ital	iy.
<u>REQUIRED</u> SIGNATUR	E: M
This docum I am aware	ature of a member of an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
<u>Che</u>	yenne Moseley, Legalzoom.com, Inc. Typed or printed name of size
	Filing Cone

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

## Attachment to

# Articles of Organization for

# Dark Reunion & Jesse LLC

Additional members of the Limited Liability Company are:

Name of Member	<u>Address</u>
Keylon M Day	55412 Yellow Jacket Dr., Callahan, FL 32011
Jesse D Synhorst	55412 Yellow Jacket Dr., Callahan, FL 32011
Samuel O Gilkes	55412 Yellow Jacket Dr., Callahan, FL 32011

## COVER LETTER

	New Filing Se Division of Co				
SUBJEC	Dark Reu	nion &Jesse LLC			
	••	Na	me of Limited Lia	bility Corpuy	··· <del>·</del>
The enck	sed Articles o	f Organization and	fee(s) are submit	ted for filing.	
Please ret	um all corresp	ondence concernir	ig this matter to th	ne following:	
	Сћеуепле М	toseley			
			Name	of Percn	
	Legalzoom.	com, Inc.			
			Firm	Chipny	
	101 N Bran	d Blvd., 11th Floo	г		
			A	ddes	
	Glendale Ca	A 91203			
	ramanageme	nt@legalzoom.com		and Zip Cub	
			<del></del>	re annual report notificat	ion)
For further	information co	oncerning this matt	er, please call:		
	Cheyenne M	oseley	323 at (	962-8600 ext. 972-	
	Nan	e of Person	Area Code		
Enclosed i	is a check for t	he following amou	int:		
⊡\$125,00	0 Filing Fee	□\$130.00 Filir Certificate of S	tatus Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	T\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is entire)
		ngAddress		StreetAddress	
		iling Section on of Corporations	į	New Filing Section Division of Corporati	ons
	P.O. P	lox 6327	-	Clifton Building	
	Tallah	assee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### Dark Reunion &Jesse LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LEC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:
55412 Yellow Jacket Dr
Callahan, FL 32011

### 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:

	Nane	
476 Riverside Ave.		
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> ac	ceptable)
Jacksonville	FL	32202
<u>Clv</u>	State	Zio

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 (NTLLINE)

(CONTINUED)

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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	
AMBR	Ivan T Mote H
	55412 Yellow Jacket Dr. Callaban, FL 32011
AMBR	Shakur L Sutherland 55412 Yellow Jacket Dr.
	Callahan, FL 32011
AMBR	Kyle J Brown 55412 Yellow Tacket Dr. Callahan, FL 32011
AMBR	Marlon F Berrouet Jr. 55412 Yellow Jacket Dr. Callahan, FL 32011
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as tment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	() $M$
This document is a lam aware that an	f a member of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Chevenne?	Moseley, Legalzoom.com, Inc. Typed or printed name of sizes

#### 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)

## Attachment to

# Articles of Organization for

# Dark Reunion & Jesse LLC

Additional members of the Limited Liability Company are:

Name of Member	<u>Address</u>
Keylon M Day	55412 Yellow Jacket Dr., Callahan, FL 32011
Jesse D Synhorst	55412 Yellow Jacket Dr., Callahan, FL 32011
Samuel O Gilkes	55412 Yellow Jacket Dr., Callahan, FL 32011