

L24000243426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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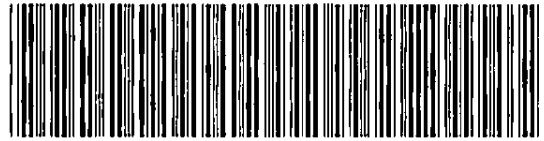
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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CLERK OF STATE
TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$160.00

Authorization Signature: 

Business Name: CJR SPORTS, LLC

Document #

☒ _X_ Certified Copy

☒ _X_ Certificate of Status

NEW FILINGS

☐ ___ Profit Corp

☐ ___ Not for Profit

☒ _X_ Limited Liability

☐ ___ Domestication

☐ ___ LLLP

☐ ___ CORP

☐ ___ Other

☐ ___ Other

OTHER FILINGS

☐ ___ Apostille

Country

AMMENDMENTS

☐ ___ Amendment

☐ ___ Resignation of R.A. Officer/Director

☐ ___ Change of Registered Agent

☐ ___ Revocation of Dissolution

☐ ___ Merger

☐ ___ Articles of Conversion

☐ ___ Restated Articles of Incorporation

☐ ___ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ ___ Foreign Filing

☐ ___ Reinstatement

☐ ___ Qualification

☐ ___ Annual Report

☐ ___ Fictitious Name

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EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CJR SPORTS, 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:

CHANCE JAI ROBINSON

Name of Person

CJR SPORTS, LLC

Firm/Company

8918 W STATE RD 84, STE E12

Address

DAVIE, FL 33324

City/State and Zip Code
chancejai@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANCE JAI ROBINSON at (786) 359-1488
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

CJR SPORTS, 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:

8918 W STATE RD 84, STE E12
DAVIE, FL 33324

Mailing Address:

8918 W STATE RD 84, STE E12
DAVIE, FL 33324

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:

CHANCE JAI ROBINSON

Name

8918 W STATE RD 84, STE E12

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

DAVIE

FL

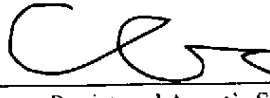
33324

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.



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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CHANCE JAI ROBINSON
8918 W STATE RD 84, STE E12
DAVIE, FL 33324

MGR

JOAN CHAMPION-ROBINSON
8918 W STATE RD 84, STE E12
DAVIE, FL 33324

(Use attachment if necessary)

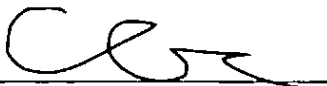
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

CHANCE JAI ROBINSON

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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