

CONTACT:

L95000000759

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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-10/13/95--01028--003  
\*\*\*337.50 \*\*\*337.50

487395

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. J & J Promotions, L.C. (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)



Walk in



Pick up time



Certified Copy



ARTICLES ONLY



Mail out



Will wait



Photocopy



Certificate of Status



ALL CHARTER DOCS



CERTIFICATE OF GOOD STANDING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



Certificate of FICTITIOUS NAME



FICTITIOUS NAME SEARCH



CORP SEARCH

FILED  
OCT 11 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
OCT 10 PM 4:01  
DIVISION OF CORPORATIONS

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**J & J PROMOTIONS, L.C.**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

**1. NAME.**

The name of the Limited Liability Company is:  
J & J PROMOTIONS, L.C.

**2. PERIOD OF DURATION.**

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

(i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or

(ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

**3. PURPOSE.**

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability organized and existing by virtue of such laws.

**4. ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business in Florida for the Limited Liability Company is: 412 Parkside Street, Lehigh Acres, FL 33936

FILED  
95 OCT 11 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Liability Company is: Dennis Kiefer, 412 Parkside Street, Lehigh Acres, FL 33936

6. CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Limited Liability Company is as follows:

Cash	<u>0</u>
Property	<u>17,000</u>
Total	<u>17,000</u>

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events of happening of which, that shall be made, are as follows: No total additional contributions have been agreed to at the date of filing of these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the Limited Liability Company.

8. ADDITIONAL MEMBERS.

Members may admit additional members upon unanimous agreement of the then existing members. There are at present two (2) members of the Company.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminate the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability

Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

10. MANAGEMENT

The Limited Liability Company is to be managed by a manager, or managers. Names and addresses of such managers who are to serve as managers until the first annual meeting of members or until their successors are elected and qualified are as follows:

1. John Kiefer  
412 Parkside Street  
Lehigh Acres, FL 33936

Executed at Fort Myers, Florida on the 28<sup>th</sup> day of Sept, 1995.

By: \_\_\_\_\_

John Kiefer, Manager

STATE OF FLORIDA )  
COUNTY OF LEE )

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, JOHN KIEFER, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

28<sup>th</sup> WITNESS my hand and official seal at LEE County, Florida, this  
day of Sept, A.D., 1995.

Steph Thom Ullman  
Signature of Notary Public - State of Florida

Personally Known ☒ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



"OFFICIAL SEAL"  
Stephen Thomas Ullman  
My Commission Expires 1/1/97  
Commission #CC 249224

**AFFIDAVIT**

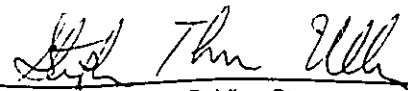
**STATE OF FLORIDA  
COUNTY OF LEE**

I, JOHN KIEFER, being duly sworn, do hereby certify that the following facts are true and correct, to the best of my knowledge:

1. That I am a member and manager of the J & J Promotions Limited Liability Company, and that there are at least two members of such Limited Liability Company.
2. That the value of cash contributed to the Company is 0.
3. That the agreed value of any property other than cash contributed to the Company is \$ 17,000.
4. That the total amount of cash or property anticipated to be contributed by the members to the Company is 17,000.

  
\_\_\_\_\_(s)  
JOHN KIEFER

SWORN to and subscribed before me this 28<sup>th</sup> day of September, 1995.

  
\_\_\_\_\_  
Signature of Notary Public - State of Florida  
Personally Known ☒ or Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



"OFFICIAL SEAL"  
Stephen Thomas Ullman  
My Commission Expires 1/1/97  
Commission #CC 249224

**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of J & J Promotions, L.C., the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by J & J Promotions, L.C.

Executed this 28<sup>TH</sup> day of SEPT, 1995.

By: \_\_\_\_\_

Dennis Kiefer, Registered Agent

FOR THE LIMITED LIABILITY COMPANY:

By: \_\_\_\_\_

John Kiefer, Manager

STATE OF FLORIDA   )  
COUNTY OF LEE     )

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, DENNIS KIEFER, to me well known to be the person described in and who executed the foregoing instrument as Registered Agent, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Fort Myers, County of Lee, and State of Florida, this 28<sup>th</sup> day of September, A.D., 1995.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Personally Known ☒ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



"OFFICIAL SEAL"  
Stephen Thomas Ullman  
My Commission Expires 1/1/97  
Commission #CC 249224

STATE OF FLORIDA )  
COUNTY OF LEE )

95 OCT 11 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, JOHN KIEFER, to me well known to be the person described in and who executed the foregoing instrument as Manager, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Fort Myers, County of Lee, and State of Florida, this 28<sup>th</sup> day of Sept, A.D., 1995.

Stephen Thomas Ullman

Signature of Notary Public - State of Florida

Personally Known ✓ or Produced Identification       

e of Identification Produced:       



"OFFICIAL SEAL"  
Stephen Thomas Ullman  
My Commission Expires 1/1/97  
Commission #CC 249224

**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
AND  
FILED

96 MAY -3 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE  
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L95000000759**

J & J PROMOTIONS, L.C.  
412 PARKSIDE STREET  
LEHIGH ACRES FL 33936

1a. Principal Place of Business Address

412 PARKSIDE STREET  
LEHIGH ACRES FL 33936

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

10/11/1995

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0660934

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

KIEFER, DENNIS  
412 PARKSIDE STREET  
LEHIGH ACRES FL 33936

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

700001812827

05/08/96-D1015-037

FL \*\*\*238.75 \*\*\*238.75

9. Pursuant to the provisions of Sections 606.416 and 606.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM KIEFER, JOHN

412 PARKSIDE STREET

LEHIGH ACRES FL

5/3/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/96

Date

941-368-6469

Daytime Phone #