

Document Number Only

L97000001369

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

600002365676--6
-12/08/97--01105--010
****337.50 ****337.50

Ample Attitude LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Limited Liability Company

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☒ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

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Availability
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Acknowledgment
W.P. Verifier

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12/8/97

285.00 CF
52.50 Cert

OK

12/8/97

FILED
97 DEC -8 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
97 DEC -8 PM 1:36
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Ample Attitude LLC

ARTICLE II - Address

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

1660 Lane Ave. S. # 8
Jacksonville, FL 32210

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management

The Limited Liability Company is to be managed by see attached sheet

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is:

c/o C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

12-5-97
dated

signer

REGISTERED AGENT ACCEPTANCE

David E. Hammock

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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

DEC - 8 1997

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97 DEC - 8 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I Ample Attitude LLC

II 1660 Lane Ave. S. # 8
Jacksonville, FL 32210

III perpetual

IV Winston Franklin Blount Manager
3373 Sunnybrook Ave. N
Jacksonville, FL 32254

and

Michele Cristine Austin Manager
4744 French St.
Jacksonville, FL 32205

V CT Corp.

CT Corp.

Order # 1084976 issued by
Anna Salvage on 12-5-97

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED
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TALLAHASSEE FLORIDA
SECRETARY OF STATE

The undersigned member or authorized representative of a member of

Name of limited liability comp deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$***Total amount***. \$10,000.⁰⁰/₁₀₀
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$***value other than cash***. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$***total amount of cash property***. This total includes amounts from 2 and 3 above. \$10,000.⁰⁰/₁₀₀


Name and title of signator

David E. Hammock

Agent for the Management

FILING FEE: \$ 250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Ample Attitude LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,

(P.O. Box not acceptable)

Plantation, Florida 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.

C T CORPORATION SYSTEM

Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

12/8/97

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent