

L23 00000 23222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

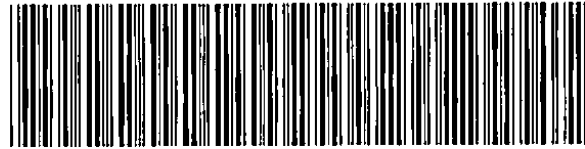
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 CLARE DRIVE
LLAHASSEE, FL 32309
0) 524-5437
0) 524-6243

EASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ \$125.00

THORIZATION: 
UB DYNASTY JACKSONVILLE, LLC

Business Name Document Number, (if known):

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait _____ Photocopy

☐ Certified Copy of Articles of Organization
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **PLLC**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
Statement of Authority

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

POSTIL() _____ Other _____
Country

OWNER'S INITIALS: _____

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POSTIL() ☐ ☐ Other
Country

1ER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

Name of the Limited Liability Company is:

Club Dynasty Jacksonville, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

CLE II - Address:

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

Principal Office Address:

8 The Green Suite A
DOVER, DE 19901

Mailing Address:

8 The Green Suite A
DOVER, DE 19901

CLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Ann Gaskins
Name

8900 Clotfield Crossing Dr. Apt 811
Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32223
City State Zip

I, Ann Gaskins, have been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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..

Ann Gaskins
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMBR

Club Dynasty Jax LLC
8 The Green Suite A
Dover, DE 19901

2020 11

SECRET
DIVISION

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/20/2023 (OPTIONAL)
If the effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Ann Gaskins
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.

Ann Gaskins
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)