

**L08000018150**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

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SECRETARY OF STATE  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JSJ Renovations LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I. NAME**

The name of the Limited Liability Company is:

JSJ Renovations LLC

**ARTICLE II ADDRESS**

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

5311 4th Ave. South

St. Petersburg, Florida

**ARTICLE III REGISTERED AGENT - REGISTERED OFFICE &**

**REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

Jason Jimmerson

5311 4th Ave. South

St. Petersburg, Florida

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Having been named as registered agent 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 608, F.S.

x. 

JASON JIMMERSON/ Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Jason Jimmerson

5311 4th Ave. South

St. Petersburg, Florida

MANAGING MEMBER:

Melissa Jimmerson

5311 4th Ave. South

St. Petersburg, Florida

\*\*\*\*\*

x 

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Jason Jimmerson

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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