

L19000234650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

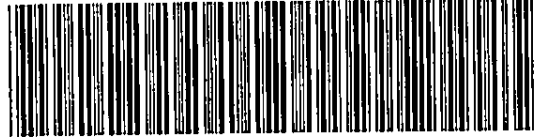
Special Instructions to Filing Officer:

Office Use Only

1/19000085311

26110

T. SCOTT



800333643918

09/09/19-81033-008 125.00

2019 SEP 25 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

From: Gabriel Cernea

(561) 506-7445

gcernea@outlook.com

To: Tyrone Scott

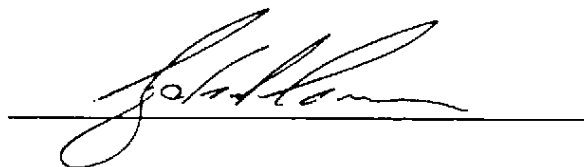
Florida Department of State

Division of Corporations

We filed Articles of Organization for a new company called JRB, LLC. This filing was rejected with Document #W19000085311 because there is another company with the same name that went through Administrative Dissolution less than 12 months ago. I would like to file new Articles of Organization for a new company with a different name so we can proceed with forming my LLC. I would like to request that the fees already paid be applied for this new LLC that will be named JACROD, LLC.

Attached to this letter are the new Articles of Organization. We very much appreciate your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gabriel Cernea', is written over a horizontal line.

Date: 09/25/2019

Gabriel Cernea

COVER LETTER

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

SUBJECT: JACROD

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:

Gabriel Cernea

Name of Person

Firm/Company

17641 Charnwood Drive

Address

Boca Raton / FL 33498

City/State and Zip Code

gcernea@outlook.com

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

For further information concerning this matter, please call:

Gabriel Cernea

561

506-7445

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACROD, 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:

17641 Charnwood Drive
Boca Raton, FL 33498

Mailing Address:

17641 Charnwood Drive
Boca Raton, FL 33498

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:

Gabriel Cernea

Name

17641 Charnwood Drive

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

Boca Raton

FL

33498

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)

2010 SEP 25 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Gabriel Cernea

17641 Charnwood Drive

Boca Raton, FL 33498

(Use attachment if necessary)

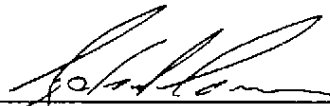
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Gabriel Cernea

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)