L22000138769

(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



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2022 MAE 30 PM 3: 04

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/30/2022	**WALK	IN₩
ENTITY NAME JFC, LLO	<u> </u>	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
<u>xxxxx</u>	Plain Copy	
	Certified Copy Certificate of Status	
Pi	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATION	ON	
NUMBER OF CERTIFICATI	ES REQUESTED	
TOTAL OWED \$125	ACCOUNT #: 120160000072	
Please call Tina at the	above number for any issues or concerns. Thank you so much!	

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJE	JFE, LLC				
0020		Name of Lin	nited Liab	lity Company	
The enc	losed Articles of Organization	and fee(s) are	e submitte	d for filing.	
Please r	eturn all correspondence conc	rning this ma	itter to the	following:	
	Justin C. Fraser				
			Name o	f Person	
			Firm/C	ompany	
	313 SW 9th Street				
			Add	ress	
	Okeechobee, FL 34974				
		C	ity/State a	nd Zip Code	
	E-mail addres	s: (to be used	for future	annual report notificat	ion)
For furthe	er information concerning this	matter, please	call:		
	Justin C. Fraser	86 at (3	697-0895	
	Name of Person	Aı	rea Code	Daytime Telephor	ne Number
Enclose	d is a check for the following a	imount:			
■\$ 125	.00 Filing Fee S130.00 Certificate	Filing Fee & of Status	Certi	55.00 Filing Fcc & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section			Street Address New Filing Section D	
	Division of Corpora	tions		The Centre of Tallah	assee

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



RECEIVED

2822 APR -4 AM 10: 35

FLORIDA DEPARTMENT OF STATE SEURE TARK OF STATE Division of Corporations FALLAHASSEE. FLORID.

April 1, 2022

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: JFC, LLC

Ref. Number: W22000042483

We have received your document for JFC, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

Letter Number: 822A00007654

Division of Companytions D.O. DOV 6207 Well-bosons Florida 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ne:
ne:

The name of the Limited Liability Company is:

2022 MAD 20

JFE, LLC				SECKETARY OF TALLAHASSI
(Must	contain the words "Limited Liability Company, "L.L.C.," or "LLC.") TALLAHAS			
CLE II - Address: ailing address and stro	ect address of the principal of	Mice of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Ac	ldress:
313 SW 9th Stree	et	313.5	SW 9th Street	
Okeechobee, FL 34974				
CLE III - Registered imited Liability Compr business entity with	Agent, Registered Office, of pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agen Registered Agent. \n.)		individual or
CLE III - Registered imited Liability Compr business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration	& Registered Agent. Yn.) agent are:	t's Signature:	individual or
CLE III - Registered imited Liability Comp r business entity with	Agent, Registered Office, of pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agen Registered Agent. \n.)	t's Signature:	individual or
CLE III - Registered imited Liability Comp r business entity with	Agent, Registered Office, of pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Yn.) agent are:	t's Signature:	individual or
CLE III - Registered imited Liability Comp r business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered Justin C. Fraser	& Registered Agent. Yn.) agent are: Name	t's Signature: Tou must designate an	individual or
CLE III - Registered imited Liability Comper business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered Justin C. Fraser 313 SW 9th Street	& Registered Agent. Yn.) agent are: Name	t's Signature: Tou must designate an	individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager					
AMBR	Justin C. Fraser 313 SW 9th Street Okeechobee, FI. 34974				
	S 28				
	EL AS				
	30 1				
	Series 3				
	<u> </u>				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)				
If an effective date is listed, the date mus	t 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	es not meet the applicable statutory filing requirements, this date will not be listed as				
the document's effective date on the Depa					
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
REVOIRED SIGNATURE.	8				
	of a member or an authorized representative of a member				
This document is	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.				
I am aware that a constitutes a thire	ny false information submitted in a document to the Department of State 1 degree felony as provided for in s.817.155, F.S.				
<u>Justin C. I</u>	Typed or printed name of signed				

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)

\$ 5.00 Certificate of Status (Optional)