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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

jkpropertiesnh@gmail.com
Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
JK Properties Greengate, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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21



COVER LETTER

Wednesday, August 10, 2022

To: New Filing Section
Division of Corporation

Subject:
JK PROPERTIES GREENGATE, LLC
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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
JK PROPERTIES GREENGATE, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: JK Properties Greengate, LLC (the “Company”).

ARTICLE II.
Address

The principal office and mailing address of the Company is:

14851 State Road 52
Unit 107 #148
Hudson, FL 34669

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent’s Signature

The name and the Florida Street Address of the Registered Agent are:

Kevin Gillins
2333 Coral Honeysuckle Bend
Apt 209
Odessa, FL 33556

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.

Kevin Gillins

(sign)

Kevin Gillins

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ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Kevin Gillins 14851 State Road 52 Unit 107 #148 Hudson, FL 34669
<u>MGR</u>	Jolene Gillins 14851 State Road 52 Unit 107 #148 Hudson, FL 34669

ARTICLE V.

The Effective date shall be the date of filing.

Kevin Gillins

(sign)

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.

Kevin Gillins

Authorized Representative/Member

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 TALLAHASSEE, FLORIDA