

L02000010535

LOUIS ERIC JONES

Requestor's Name

3210 WHIRLAWAY TR

Address

TALLAHASSEE FL 32309

City/State/Zip

Phone #

9508942798

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JONES FINANCIAL SERVICES LLC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Mail out

☒ Will wait

☐ Photocopy

☒ Certified Copy

☒ Certificate of Status

APPROVED
AND
FILED

02 MAY - 2 PM 12:32
RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY - 2 PM 12:16

DEPARTMENT OF STATE
DIVISION OF CORPORATE &
TALLAHASSEE, FLORIDA

AL

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300005431123--5
-05/02/02--01058--001
****160.00 ****160.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JONES FINANCIAL SERVICES L.L.C.

ARTICLE II - Address:

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

6264 OLD WATER OAK RD
TALLAHASSEE FL 32312

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

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


LOUIS ERIC JONES
Name
3210 WHIRLAWAY TR
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE, FL 32309
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -2 PM 12:32

APPROVED
AND
FILED

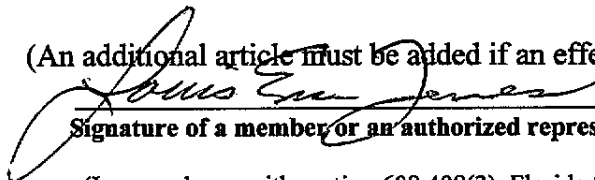
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

LOUIS ERIC JONES
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)