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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

john richard company, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHN RICHARD COMPANY, LLC

ARTICLE II - Address:

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

676 W. PROSPECT ROAD,
FT. LAUDERDALE, FLORIDA 33309

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

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

JIM HOLSTROM
676 W. PROSPECT ROAD
 Florida street address (P.O. Box NOT acceptable)
FT. LAUDERDALE FLORIDA
 City, State, and Zip 33309

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.

Jim Holstrom
 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.)

Jim Holstrom
 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)

03 FEB 16 PM 3:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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