

L03 000005894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

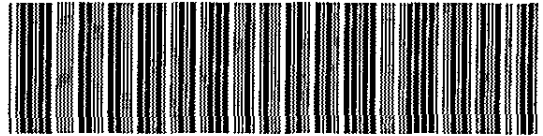
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300012384403

02/17/09--01071--014 \*\*155.00

SEAL HALL C. STATE  
TALLAHASSEE FLORIDA

03 FEB 17 AM 8:49

FILED

L03-5894  
OK

Carol Julian  
11110 Carrollwood Dr.  
Tampa, FL 33618

Daytime Phone Number: 813-288-1012  
Home Phone Number: 813-933-9629

03 FEB 17 PM 8:45  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

C & J ENTERPRISES LTD. CO.

## ARTICLE II - Address:

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

11110 CARROLLWOOD DR  
TAMPA FL 33618

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

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

CAROL JULIAN  
Name  
11110 CARROLLWOOD DR  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA FL 33618  
City, State, and 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 608, F.S.*

Carol Julian  
Registered Agent's Signature

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

Frank M. Julian  
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.)

CAROL JULIAN  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 17 AM 8:49

FILED