

L030000027345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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John Weiland
12944 Julington Ridge Dr. E.
Jacksonville, FL
32258
(904) 880-1245-Home/daytime#
(904) 434-8978-Alt #

July 18, 2003

To Whom It May Concern:

Please accept my enclosed application for formation of a Limited Liability Company in the state of Florida. Should you have any questions or concerns please feel free to contact me at the above #'s. Please process this application as soon as possible, as I am anxious to get started.

Thank You in advance for your prompt handling of this matter.

Kind Regards,



John Weiland

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JW Enterprises 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:

John Weiland
(Name of Person)

JW Enterprises LLC
(Firm/Company)

12944 Julington Ridge DR. E.
(Address)

Jacksonville, FL. 32258
(City/State and Zip Code)

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For further information concerning this matter, please call:

John Weiland at (904) 880-1245
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JW Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

12944 Julington Ridge DR. E.
JACKSONVILLE, FL.
32258

Mailing Address:

12944 Julington Ridge DR. E.
JACKSONVILLE, FL.
32258

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

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

John Weiland
Name

12944 Julington Ridge DR. E.
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32258
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..

John Weiland
Registered Agent's Signature

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

THERE ARE NO MANAGERS ASSOCIATED WITH JW ENTERPRISES LLC

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

N/A

[Handwritten signature across the table]

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

[Handwritten signature]
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.)

John Weiland
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)

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