

L03000051973

(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:

Name	Availability
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

DCC

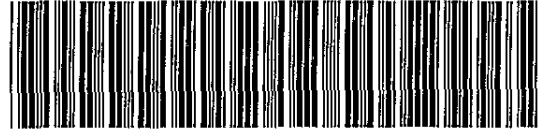
Office Use Only

DCC

DCC

DCC

DCC



200025132302

12/02/03-01027--010 **125.00

03 DEC -1 AM 8:12

RECEIVED
SECRETARY OF STATE
REGISTRATION DIVISION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jabez Commercial Leasing 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:

Lisa-Jane Aponte
(Name of Person)

Jabez Commercial Leasing LLC
(Firm/Company)

5593 NW Wesley Rd
(Address)

Port St Lucie, FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Sivalia at (772) 460-0724
(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

03 DEC - 1 AM 8:12

FILED
SEC. OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jabez Commercial Leasing LLC

ARTICLE II - Address:

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

Principal Office Address:

5593 NW Wesley Rd

Port St Lucie, FL 34986

Mailing Address:

5593 NW Wesley Rd

Port St Lucie, FL 34986

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

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

Lisa-Jane Aponte

Name

5593 NW Wesley Rd

Florida street address (P.O. Box **NOT** acceptable)

Port St Lucie

FLORIDA 34986

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, Florida Statutes..


Registered Agent's Signature

03 DEC -1 AM 8:12

FILED
SELF-SERVICE OF STATE
CORPORATIONS

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Lisa-Jane Aponte

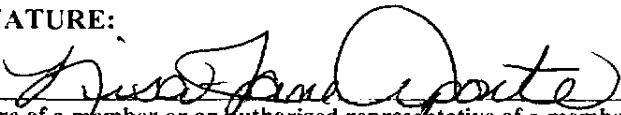
5593 NW Wesley Rd

Port St Lucie, FL 34986

(Use attachment if necessary)

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

REQUIRED 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.)

Lisa-Jane Aponte

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 DEC -1 AM 8:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS