

# L04000019865

(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

Office Use Only

Updater

DCC

Updater  
Verifier

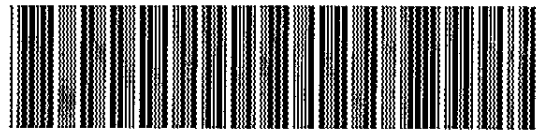
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



300029513633

03/04/04--01060--029 \*\*160.00

04 MAR -4 AM 10:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jim Lewis 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:

James R Lewis  
(Name of Person)

Jim Lewis LLC  
(Firm/Company)

130 Seminole Blvd.  
(Address)

Tavernier Florida 33070  
(City/State and Zip Code)

For further information concerning this matter, please call:

James R Lewis at ( 305 ) 852 1282  
(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

04 MAR -4 AM 10:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jim Lewis' LLC''

**ARTICLE II - Address:**

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

**Principal Office Address:**

88888 Overseas Highway

Tavernier Florida 33070

**Mailing Address:**

130 Seminole Blvd.

Tavernier Florida 33070

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

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

James R Lewis  
Name

130 Seminole Blvd.

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

Tavernier

FLORIDA 33070

City, State, and Zip

04 MAR -4 AM 10:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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..*

James R Lewis  
Registered Agent's Signature

**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:**

"MGR" \_\_\_\_\_

James R Lewis

130 Seminole Blvd.

Tavernier Florida 33070

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

James R Lewis  
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.)

James R Lewis  
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)

04 MAR -4 AM 10:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS