

L04000036400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

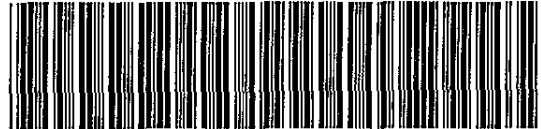
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900035398569

EFFECTIVE DATE:

05/15/04

05/05/04--01030--003 \*\*125.00

FILED  
2004 MAY -5 PM 3:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 13 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J J'S STUCCO & PLASTERING, 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 H. JONES

(Name of Person)

J J'S STUCCO & PLASTERING, LLC

(Firm/Company)

151 LEE STREET

(Address)

DEFUNIAK SPRINGS, FLORIDA 32435

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE at ( 850 ) 785-4412

(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

2004 MAY -5 PM 3:12  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 MAY -5 PM 3:1-  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J J'S STUCCO & PLASTERING, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

151 LEE STREET

DEFUNIAK SPRINGS, FLORIDA 32435

**Mailing Address:**

151 LEE STREET

DEFUNIAK SPRINGS, FLORIDA 32435

**EFFECTIVE DATE:**

05/15/0

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

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

JAMES H. JONES

Name

151 LEE STREET

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

DEFUNIAK SPRINGS, FLORIDA 32435

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

FILED  
2004 MAY -5 PM 3:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

JAMES H. JONES

151 LEE STREET

DEFUNIAK SPRINGS, FLORIDA 32435

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ADD ARTICLE

ARTICLE V - EFFECTIVE DATE

The Effective date of this Company shall be May 15, 2004.

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

**REQUIRED SIGNATURE:**

James Jones  
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 H. JONES

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)