

LO4000042620

(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



700036259707

05/14/04--01028--018 **125.00

FILED

JUN 7 2004

CLERK OF COURT

LO4-42620
JUN 7 2004
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 21, 2004

JULIO LOPEZ
P.O. BOX 8760
TAMPA, FL 33674-8760

SUBJECT: SLOP DISTRIBUTORS, INC.
Ref. Number: W04000019805

We have received your document for SLOP DISTRIBUTORS, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The document must contain the name, title, and business address of each managing member or manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 004A00035952

RECEIVED
FLORIDA
TALLAHASSEE

04 JUN -7 PM 8:43

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J'lop Distributors, the
(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:

Julia Lopez
(Name of Person)

J'lop Distributors, LLC
(Firm/Company)

P.O. Box 8760
(Address)

Tampa, Florida 33674-8760
(City/State and Zip Code)

For further information concerning this matter, please call:

Julia Lopez at (813) 453-2832
(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

RECEIVED
TALLAHASSEE, FLORIDA

ON 07-17 PM 8:45

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

J'lop Distributors, LLC

ARTICLE II - Address:

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

Principal Office Address:

4302 Gunn Hwy 712

Tampa FL 33624

Mailing Address:

4302 Gunn Hwy 712

Tampa FL

33624

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

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

Julio Lopez
Name

4302 Gunn Hwy 712
Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33624
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.

[Signature]
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

owner / MGRM

Name and Address:

Julio A. Lopez

4302 Gunn Hwy 712

Tampa FL 33624

(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.)

Julio A. Lopez

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)

RECEIVED
TALLAHASSEE FLORIDA

01 JUN -7 PM 6:43

FILED