

L04000048615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

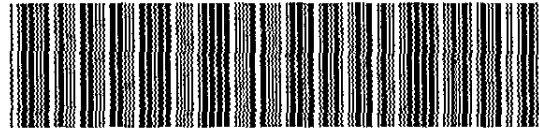
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Entity	
DOB	

Office Use Only

DOB	DCC
Adm no. document	DCC
W. P. Verifier	DCC



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06/24/04--01036--006 **180.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

donor suffix

RA signature

Juan J. Vilorio
985 16th Ave. N.E.
Naples, Fl. 34120
239-354-0834

June 15, 2004

Ref # W04000022667
Jas Corp. LLC

To Whom It May Concern:

Please note this corporation was filed under a name that was rejected because the name was not available for an LLC. We have filed the EIN (SS4) as well as an 8832 and 2553 to the IRS, which are also hereby corrected by means of this letter.

The name of the corporation is to be registered as JAS B-ONE, LLC. The already EIN Number assigned is 43-2053256 and the paperwork is hereby re-submitted for your correction.

Please call or write me back if you have any questions or further instructions to how to correct the mistake.

Respectfully,

Juan J Vilorio

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAS B-ONE, 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:

JUAN J. VILORIA
(Name of Person)

JAS B-ONE, LLC.
(Firm/Company)

985 16TH AVE N.E.
(Address)

NAPLES, FL. 34120
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN J. VILORIA at (239) 354-0804
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 11, 2004

JUAN J. VILORIA
JAS CORP., LLC
985 16 AVE. N.E.
NAPLES, FL 34120

SUBJECT: JAS CORP., LLC
Ref. Number: W04000022667

We have received your document for JAS CORP., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 404A00039664



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 21, 2004

JUAN J. VILORIA
JAS CORP., LLC
985 16 AVE. N.E.
NAPLES, FL 34120

SUBJECT: JAS CORP., LLC
Ref. Number: W04000022667

We have received your document for JAS CORP., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to have the registered agent sign again.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 004A00041083

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAS B-ONE, LLC.

ARTICLE II - Address:

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

Principal Office Address:

985 16TH AVE N.E.

NAPLES, FL. 34120

239-354-0834 OR 239-248-9788

Mailing Address:

985 16TH AVE N.E.

NAPLES, FL 34120

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

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

JUAN J. VILORIA

Name

985 16TH AVE N.E.

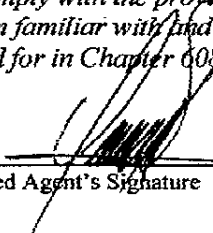
Florida street address (P.O. Box **NOT** acceptable)

NAPLES

FLORIDA 34120

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 609, Florida Statutes..



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 (President)

Juan J. Viloria

985 16th Ave. N.E.

Naples, FL. 34120

MGR (vice-President)

Sonnia Viloria

985 16th Ave. N.E.

Naples, FL. 34120

(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.)

Juan J. Viloria

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN 29 PM 2:10

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