

L04000057683

(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:

004427001

Office Use Only

8/4  
cust

FF \$125.00



700039194237

07/19/04--01005--001 \*\*78.75

08/02/04--01006--015 \*\*46.25

FILED  
04 AUG -2 AM 11:55  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 20, 2004

YOUR PERSONAL ASSISTANT INC  
635 MOSS POINT COVE CT.  
DEBARY, FL 32713

SUBJECT: J'S KWIK KERB LLC  
Ref. Number: W04000027700

FILED  
04 AUG -2 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for J'S KWIK KERB LLC. However, the document has not been filed and is being returned for the following:

LLC suffix is only use when filing a Limited liability Company.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 704A00045878

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J'S KWIK KERB, 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:

LINDA R. MULRONEY  
(Name of Person)

YOUR PERSONAL ASSISTANT, INC  
(Firm/Company)

635 MOSS POINT COVE CT.  
(Address)

DEBARY, FLA. 32713  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG -2 AM 11:55

FILED

For further information concerning this matter, please call:

LINDA MULRONEY at ( 386 ) 668-5848  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J'S KWIK KERB, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

JASON C. FRENCH  
KELLY J. FRENCH

**Mailing Address:**

834 W. GAUCHO CIRCLE  
DELTONA, FL 32725  
834 W. GAUCHO CIRCLE  
DELTONA, FL 32725

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

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

YOUR PERSONAL ASSISTANT, INC.

Name

635 MOSS POINT COVE CT.

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

DEBARY, FLORIDA 32713

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG - 2 AM 11:55

FILED

*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..*

Linda R. Mulrooney  
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:**

MGRM

JASON C. AND KELLY J. FRENCH  
834 W. GAUCHO CIRCLE  
DELTONA, FL. 32725

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG -2 AM 11:55

**FILED**

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

**REQUIRED SIGNATURE:**

Linda L. McCrone  
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.)

LINDA R. McCRONEY  
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)**