

W4000058750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

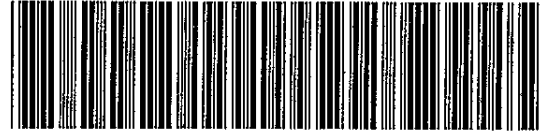
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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CJ CONCEPTS, 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:

CATHERINE MONTGOMERY  
(Name of Person)

CJ CONCEPTS, LLC  
(Firm/Company)

PO BOX 1003

(Address)

INDIAN ROCKS BEACH, FL. 33785  
(City/State and Zip Code)

For further information concerning this matter, please call:

CATHERINE MONTGOMERY at (727) 534-1328  
(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:

CJ CONCEPTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

21 SUNSET BAY DR.  
BELLEAIR, FL. 33756

**Mailing Address:**

PO BOX 1003  
INDIAN ROCKS BEACH,  
FL. 33785

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

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

JACK BICHSEL

Name

21 SUNSET BAY DR.

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

BELLEAIR

FLORIDA

33756

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

Jack Bichsel

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

CATHERINE MONTGOMERY  
2400 1<sup>ST</sup> STREET #6  
INDIAN ROCKS BEACH, FL. 33785

MGRM

JACK BICHSEL  
21 SUNSET BAY DR.  
BELLEAIR, FL. 33756

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Catherine Montgomery  
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.)

CATHERINE MONTGOMERY  
Typed or printed name of signer

**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)~~

\$155.00 TOTAL