

W40000 61892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

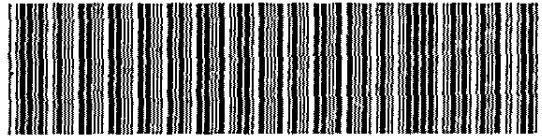
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800040259068

08/20/04--01014--004 **130.00

04 AUG 19 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W4-61892
OK

TRANSMITTAL LETTER

Registration Section
Division of Corporations

SUBJECT: C. F. J. Enterprises, LLC

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a check in the amount of \$130.00 for the filing fee, Designation of Registered Agent and for a Certificate of Status.

Please return all correspondence concerning this matter to the following:

Lenora T. Foster
500 S. Chaffee Road # 173
Jacksonville, FL 32221

For further information concerning this matter, please call:

Lenora T. Foster
(904) 783-9994

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
(850) 245-6051

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
(850) 245-6051

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 19 PM 2:21

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is C. F. J. Enterprises, LLC.

ARTICLE II ADDRESS

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

Principal Office Address:
500 S. Chaffee Road # 173
Jacksonville, FL 32221

Mailing Address:
500 S. Chaffee Road # 173
Jacksonville, FL 32221

ARTICLE III REGISTERED AGENT

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

Lenora T. Foster
500 S. Chaffee Road # 173
Jacksonville, FL 32221

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

04 AUG 19 PM 2:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:


Managing Member

Lenora T. Foster
500 S. Chaffee Road # 173
Jacksonville, FL 32221

Managing Member

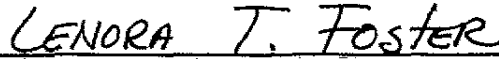
Camille F. Jones
500 S. Chaffee Road # 173
Jacksonville, FL 32221

REQUIRED SIGNATURE:



Signature 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.)



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

04 AUG 19 PM 2:21

FILED