

L-05000062927

(Requestor's Name)

From: Origin ID: (850)269-2829
Malone Foshee PLLC

75 COBIA STREET
DESTIN, FL 32541

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

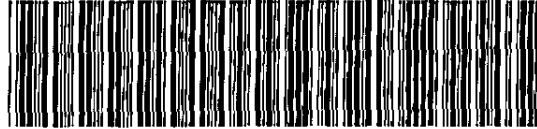
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600056247176

06/20/05--01016--004 **160.00

W 06/24/05

FILED
05 JUN 20 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: Filing for LLC
Jorjie II, LLC

To Whom It May Concern:

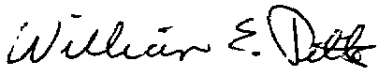
Please find enclosed Articles of Organization for Jorjie II, LLC.

I have enclosed a check for Filing Fee, Certified Copy and Certificate of Status.
Please return those copies in the enclosed Fedex envelope that I have enclosed.

Should you have any questions, please call 850-585-9433.

Thank you for your assistance in the matter.

Sincerely,



William E. Pitts

FILED
05 JUN 20 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
JORJIE II, LLC**

ARTICLE 1 – Name:

The name of the Limited Liability Company is:

JORJIE II, LLC

ARTICLE II – Address:

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

Principal Office Address:

75 Cobia Street
Destin, Florida 32541

Mailing Address:

75 Cobia Street
Destin, Florida 32541

ARTICLE III – Purpose:

The purpose for which this Limited Liability Company is organized is:

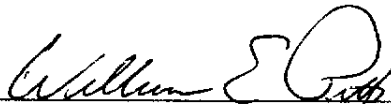
Any and all lawful business.

ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:

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

William E. Pitts
75 Cobia Street
Destin, FL 32541

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, F.S.



Registered Agent's Signature

(CONINTUED)

FILED
05 JUN 20 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V – Manager(s) or Managing Member(s):

The name and address of the sole Manager and Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

William E. Pitts
75 Cobia Street
Destin, Florida 32541

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).

WILLIAM E. PITTS

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
05 JUN 20 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA