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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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U7/26/U5--010U8--U10 **160.00

2005 JUL 26 PH 2: 48
TALLAHIASSEE, FLORIDA

A. BRYAN JUL 2 9 2005

JLC Ltd. Co.

July 20, 2005

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed my "articles of organization for Florida Limited Liability Company" and payment of \$160.00 for filing fee, certificate of status and certified copy.

If you have any questions please contact me at 954-344-2673 or 305-785-6223.

James Cartwright

Sincerely,

2005 JUL 26 PM 2: 48
DOWN THE PROPERTY OF A HONDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: JL.C Ltd. Co.
(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:
James Cartwright
(Name of Person)
्र _{ं वि}
JLC Ltd. Co.
(Firm/Company)
26 - 28 - 28 - 28 - 28 - 28 - 28 - 28 -
12571 NW 57 Court
(Address)
JLC Ltd. Co. (Firm/Company) 12571 NW 57 Court (Address) Coral Springs, FL 33076
Coral Springs, FL 33076 (City/State and Zip Code)
(Chyronic and Zip Code)
For further information concerning this matter, please call:
044.00-70
James Cartwright at (954) 344-2673 (Name of Person) (Area Code & Daytime Telephone Number)
(Halle of Follows)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORG	ANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limit	ed Liability Compa	any is:
JLC Ltd. Co.		SE Z
ARTICLE II - Address and The mailing address and		f the principal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
12571 NW 57 Court		12571 NW 57 Court
Coral Springs, FL 33076		Coral Springs, FL 33076
		of the registered agent are: es Cartwright
	Jame	
		Name
		NW 57 Court
		treet address (P.O. Box NOT acceptable)
		Springs, FL 33076
	City,	, State, and Zip
liability company a registered agent and a statutes relating to ti	nt the place designat Agree to act in this c The proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
	Registrad	A pent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
) Oct 114
MGR	James Cartwright
	12571 NW 57 Court
	Coral Springs, FL 33076
	Coral Springs, FL 33076
	DATE TO
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
	3
Signature of a member	er an authorized representative of a member.
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
	James Cartwright
Тур	ed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ	ization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)