105000/08755

(Re	equestor's Name)		
(Ac	ldress)	·	
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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COVER LETTER

Division of Co			
_{SUBJECT:} GarJa	n Enterprises, LLC		
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Garry E.			
		Name of Person)	
GarJan E	nterprises, LLC		
	(Firm/Company)	
415 Grey	/twig Rd		
		(Address)	
Vero Bea	ach, FL 32963		
-	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Jane McCarthy		at (772) 633-09	34
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GarJan Enterprises, LLC	
(Must end with the words "Limited Liability Con	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
415 Greytwig Rd.	415 Greytwig Rd.
Vero Beach, FL 32963	Vero Beach, FL 32963
Jane McCarthy	Jane McCarthy
business entity with an active Florida registratio	its own Registered Agent. You must designate an individual or another n.)
The name and the Florida street address	n.)
,	n.) ess of the registered agent are:
The name and the Florida street address	n.)
The name and the Florida street address	n.) ess of the registered agent are: Name
The name and the Florida street address Garry E. Sitze 415 Greytwig I	n.) ess of the registered agent are: Name
The name and the Florida street address Garry E. Sitze 415 Greytwig I	n.) ess of the registered agent are: Name Rd. ida street address (P.O. Box NOT acceptable)
The name and the Florida street address Garry E. Sitze 415 Greytwig I Florida street address Vero Beach, FL	Name Rd. Ida street address (P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	Garry E. Sitze 415 Greytwig Rd. Vero Beach, FL 32963
MGRM	Jane McCarthy 415 Greytwig Rd. Vero Beach, FL 32963
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	r 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

Typed or printed name of signee

Filing Fees:

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

Garry E. Sitze

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)