# LOCO000 42360

(Requestor's Name)  (Address)  (Address)	100070743871
(City/State/Zip/Phone #)	04/19/0601028005 **125.00
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PILED PH 1: 44  OS APR 19 PH 1: 44  SECHETERY OF STATE FALLAHASSEE FLORIDA

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April 17, 2006

Registration Section Corporate Filings P. O. Box 6327 Tallahassee, FL 32314

Re: JB SQUARED, L.L.C.

Dear Sirs;

Enclosed, please find two copies of The Articles of Organization for: J B SQUARED, C...

Check # 14659, in the amount of \$ 125.00 is included for filing fees and Registered Agent designation.

Please process and return same to this office for further processing. Should you have any questions, please do not hesitate to contact this office.

Sincerely,

TROUP FINANCIAL SERVICES

encl.: Articles of Organization

Check # 14659

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is: JB SQUARED, LLC

#### ARTICLE II ADDRESS

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

Principal Office Address

**Mailing Address** 

Jesse Boyce 1424 Southard Avenue New Smyrna Beach, FL 32169 Jesse Boyce 1424 Southard Avenue New Smyrna Beach, FL 32169



## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE

The name and the Florida street address of the Registered Agent are:

Jesse Boyce 1424 Southard Avenue New Smyrna Beach, FL 32169

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

### ARTICLE IV MANAGERS OR MANAGING MEMBERS

TITLE

**NAME AND ADDRESS** 

General Manager

Jesse Boyce 1424 Southard Avenue New Smyrna Beach, FL 32169

#### ARTICLE V EFFECTIVE DATE

The effective date of this Limited Liability Company shall be: The Article Filing Date 5

Jesse Boyce

Member or Authorized Representative

(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Jesse Boyce Printed Name of Signee

Before me, the aforesigned authority personally appeared, who being known to me to be **Jesse Boyce**, acknowledged that he executed the foregoing Articles of Organization and Registered Agent acceptance for J B SQUARED, LLC.

State of Florida County of Volus

ROBERT G. TROUP NOTARY PUBLIC, STATE OF FLORISA MY Comm. Expires SEPT. 9, 2008 COMM. # DD333078

Notary Public

late: 4-12-0