# L06000098819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

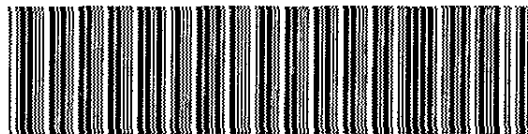☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____    Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400080570404

10/09/06--01025--016   **160.00

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** j design, LLC
_____
(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:

### Jay L. Cheek
_____
(Name of Person)

### j design
_____
(Firm/Company)

### 1400 Oakley Street
_____
(Address)

### Orlando, FL 32806
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

### Jay L. Cheek
_____
(Name of Person)

at ( **407** ) **701-2306**
_____
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee  ☐ $130.00 Filing Fee &  ☐ $155.00 Filing Fee &  ☑ $160.00 Filing Fee,
Certificate of Status  Certified Copy  Certificate of Status &
(additional copy is enclosed)  Certified Copy
(additional copy is enclosed)

| **Mailing Address** | **Street/Courier Address** |
|---|---|
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

j design, LLC
_____
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1400 Oakley Street
Orlando, FL 32806

**Mailing Address:**

same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jay L. Cheek
_____
                        Name

1400 Oakley Street
_____
        Florida street address (P.O. Box **NOT** acceptable)

Orlando                              FL 32806
_____
                City, State, and Zip

*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 (REQUIRED)

**(CONTINUED)**
Page 1 of 2

**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:**

"MGR

Jay L. Cheek
1400 Oakley Street
Orlando, FL 32806

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

_Jay L. Cheek_
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.)

Jay L. Cheek
Typed or printed name of signee

**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)