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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

,	gistration Section vision of Corporations	
SUBJECT:	Joshua Ebert	hard LLC.
·	(Name of Limi	ited Liability Company)
The enclosed	d Articles of Organization and fee(s) are	e submitted for filing.
Please return	n all correspondence concerning this ma	tter to the following:
	Joshua Eb	erhard (Name of Person)
_	_	erhard LLC. (Firm/Company)
	336 Checkerbern	
	Jacksonville s	
For further i	nformation concerning this matter, pleas	
Josh	(Name of Person)	at (904) 545 - 5564 (Area Code & Daytime Telephone Number)
Enclosed is	iling Fee \$\sum_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certificate Of Status & 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

February 5th 2008

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

Joshua P. Eberhard 336 Checkerberry Way S Jacksonville, FL 32259

To Whom It May Concern:

Please find the enclosed application for an LLC, the Articles of Organization, and a check for \$160.00 for Joshua P. Eberhard at 336 Checkerberry Way S, Jacksonville, FL 32259. I can be reached at 904-545-5564.

Sincerely,

Joshua P. Eberhard

Effective Date 02/05/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Joshua Eberhard LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

336 Checkerberryway S.

Jacksonville FL

32259

Mailing Address:

336 Checkerberryway S

Jacksonville FL

32259

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:

Joshua Eberhard

Name

336 Checkerberryway 5

Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL, 32259

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 SECRETARY OF STATE
DIVISION OF CORPORATIONS

OF TEN - 7 NM IO: LA

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Joshua Eberhard 334 Checkerberryway S. Jacksonville FL 32259
<u>. </u>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	ne date of filing: 2/5/8. (OPTIONA be specific and cannot be more than five business day

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.)

Joshua Eberhard

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)