

**L08000016575**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

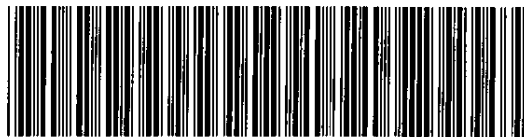
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATION**  
**08 FEB 14 PM 2:40**

**G. MCLEOD**

**FEB 15 2008**

**EXAMINER**

Feb 12, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: J & B Insulation  
EIN: 26-1930055

Dear State Official:

Forms to apply for a Florida Limited Liability Company accompany this letter. Attached are copies of my Polk County license & EIN # from the state of Florida, which I will change the status as soon as I receive my certificate.

Thank you very much for this opportunity to be a LLC small business in the State of Florida.

Julian Gonzalez  
P.O. Box 3386  
Plant City, Fl 33563

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J + B INSULATION, 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:

Julian Gonzalez  
(Name of Person)

J + B INSULATION, LLC  
(Firm/Company)

P.O. BOX 3386  
(Address)

Plant City FL 33563  
(City/State and Zip Code)

For further information concerning this matter, please call:

Blanca Gonzalez at (813) 504-4297  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
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 + B INSULATION, 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:

908 Woodlawn Ave  
Plant City FL 33563

#### Mailing Address:

P.O. Box 3386  
Plant City FL 33563

### 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:

Julian Gonzalez

Name

908 Woodlawn Ave

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

Plant City FL 33563

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 FEB 14 PM 2:41

*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..*

Julian Gonzalez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGRM

**Name and Address:**

Blanca Gonzalez  
908 Woodlawn Ave  
Plant City FL 33563

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(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:**

Blanca Gonzalez  
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.)

BLANCA GONZALEZ  
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)**