

L08000036792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

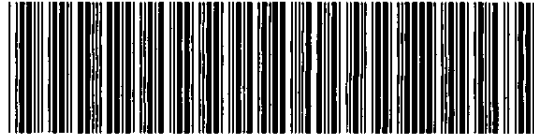
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/08--01020--039 **125.00

Effective Date 04/08/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 10 PM 1:33
MAR 28 2008
W08-16201

J. BRYAN

APR 11 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JYPSEA RIDER, 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:

Juliette M. Nelson

(Name of Person)

Jypsea Rider, LLC

(Firm/Company)

4418 Blueridge Street

(Address)

North Port, FL 34287

(City/State and Zip Code)

For further information concerning this matter, please call:

Juliette M. Nelson

(Name of Person)

at (**941**) **421-2076**

(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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2008

JULIETTE M. NELSON
JYPSEA RIDER, LLC
4418 BLUERIDGE STREET
NORTH PORT, FL 34287

SUBJECT: JYPSEA RIDER, LLC
Ref. Number: W08000016201

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DIVISION OF CORPORATIONS
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We have received your document for JYPSEA RIDER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 27, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 708A00018567

April 8, 2008

To whom it may concern,

I am resubmitting articles of organization for my limited liability company, Jypsea Rider. The filing fee has already been received by you. The new effective date is April 8, 2008. Thank you.

Sincerely,



Juliette Nelson

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JYPSEA RIDER, 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:

4418 Blueridge Street

North Port, FL 34287

Mailing Address:

4418 Blueridge Street

North Port, FL 34287

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:

Effective Date 04/08/08

Juliette M. Nelson

Name

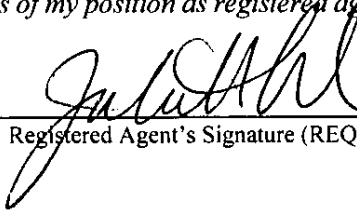
4418 Blueridge Street

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

North Port, FL 34287

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)

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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:

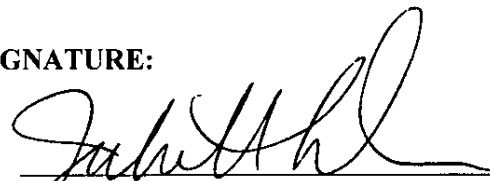
<u>MGRM</u>	<u>Juliette M. Nelson</u>
<u></u>	<u>4418 Blueridge Street</u>
<u></u>	<u>North Port, FL 34287</u>
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 8, 2008 (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:



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.)

Juliette M. Nelson

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)