

LD8000106636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

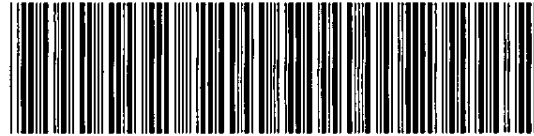
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 NOV 17 PM 2:39

DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

NOV 17 2008

EXAMINED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JCS OF POLK COUNTY, L.L.C.

Thank you!
😊

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT
- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier

**ARTICLES OF ORGANIZATION
OF
JCS OF POLK COUNTY, L.L.C.
a Florida Limited Liability Company**

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TALLAHASSEE, FLORIDA

**ARTICLE I.
Name**

The name of the Limited Liability Company is: **JCS OF POLK COUNTY, L.L.C.**

**ARTICLE II.
Address**

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

**1621 Newport Avenue
Lakeland, Florida 33803**

**ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature**

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

**CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

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.

CT Corporation System

By: _____

Barbara A. Burke

Barbara A. Burke

Special Assistant Secretary

Registered Agent's Signature

**ARTICLE IV.
Management**

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

**Pauline Langley
1621 Newport Avenue
Lakeland, Florida 33803**

Dated: November 14, 2008

By: 
**Pauline Langley
Managing Member**