

L0900000 2292

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Effective Date

01/01/09

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -7 PM 3:21

T. HAMPTON

JAN - 8 2009

EXAMINER

505 305

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JJ Solutions, 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:

John Paul Kilduff II

(Name of Person)

JJ-Solutions, LLC

(Firm/Company)

PO BOX 18244

(Address)

JACKSONVILLE, FL 32229

(City/State and Zip Code)

For further information concerning this matter, please call:

John Paul Kilduff II

(Name of Person)

at (321) 474-5111

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JAN -7 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 6, 2009

JOHN PAUL KILDUFF II
P O BOX 18244
JACKSONVILLE, FL 32229

SUBJECT: JJ SOLUTIONS, LLC
Ref. Number: W09000000305

We have received your document for JJ SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00000238

Effective Date

01/01/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JJ Solutions 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:

14042 WILD HAMMOCK TRL
JACKSONVILLE, FL 32226

Mailing Address:

P O BOX 18244
JACKSONVILLE, FL 32229

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:

John Paul Kilduff II

Name

14042 Wild Hammock Trl

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

Jacksonville, FL 32226

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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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Jacksonville, FL 32226

Callahan, FL 32011

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