

L09000022195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700144726697

03/05/09--01008--010 \*\*125.00

FILED

09 MAR - 5 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR - 6 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JSGROVE, L.L.C.  
(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:

WILLIAM P. SOMAN, P.A.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

11191 SW 60 AVENUE  
(Address)

PINECREST, FL 33156  
(City/State and Zip Code)

FILED  
09 MAR - 5 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WILLIAM P. SOMAN at ( 786 ) 268-1254  
(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**

**OF**

**JSGROVE, L.L.C.**

**FILED**  
**09 MAR -5 PM 1:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

We the undersigned as organizers of a limited liability company, under the Florida Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

**ARTICLE I - NAME**

The name of the limited liability company is **JSGROVE, L.L.C.**

**ARTICLE II- DURATION**

The period of duration of this limited liability company shall be perpetual from the date of the issuance of a Certificate of Organization by the State of Florida.

**ARTICLE III – PRINCIPAL OFFICE**

The address and principal office of this limited liability company is 11191 SW 60<sup>th</sup> Avenue, Pinecrest, Florida 33156, and the mailing address shall be the same.

**ARTICLE IV – REGISTERED AGENT AND OFFICE**

The name of the initial registered agent within Florida for filings is William D. Soman, P.A., a Florida professional association, and the street address is 11191 SW 60<sup>th</sup> Avenue, Pinecrest, Florida 33156.

**ARTICLE V – MEMBERS**

This limited liability company has one (1) member whose name and address is:

Jean P. Soman  
11191 SW 60<sup>th</sup> Avenue  
Pinecrest, Florida 33156

No additional members shall be admitted unless all members, (including any additional members other than original members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, or the occurrence of any event which terminates the continued membership of a member of this limited

liability company, shall terminate this company, unless the remaining members shall unanimously agree to continue the business of the company, in which event, this company shall not so terminate.

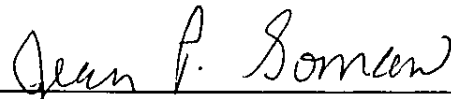
#### ARTICLE VI – MANAGEMENT

The management of the company is reserved to the members of the company, in proportion to their contributions to the capital of the limited liability company, The power to adopt, alter, amend or repeal the regulations of this limited liability company shall be vested in the members of the company.

The name and address of the managing member is:

Jean P. Soman  
11191 SW 60<sup>th</sup> Avenue  
Pinecrest, Florida 33156

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this 3<sup>rd</sup> day of March, 2009.

  
\_\_\_\_\_  
Jean/P. Soman

**FILED**  
09 MAR -5 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of designation place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

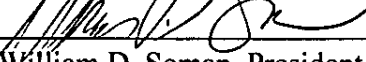
In compliance with Section 608, Florida Statutes, the following is submitted:

First that JSGROVE, LLC, desiring to organize or qualify under the laws of the State of Florida, has named William D. Soman, P.A., a Florida professional association, located at 11191 SW 60<sup>th</sup> Avenue, Pinecrest, Florida 33156, as its agent to accept service of process within Florida.

  
Jean P. Soman, Member

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity. I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William D. Soman, P.A.

By:   
William D. Soman, President

FILED  
09 MAR -5 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA