

LD9000041835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

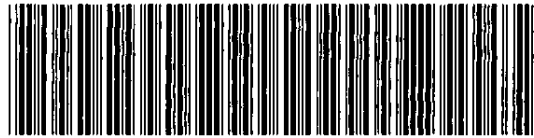
(Document Number)

Certified Copies _____

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04/07/09--01023--007 **160.00

FILED
09 APR 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
APR 30 2009
EXAMINER

S. HAWKES

APR - 8 2009

EXAMINER

2009-16524



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2009

HARRINGTON & ASSOCIATES
328 STILES AVE
ORANGE PARK, FL 32073

SUBJECT: JACKSONVILLE BUSINESS INVESTMETNS, LLC
Ref. Number: W09000016524

We have received your document for JACKSONVILLE BUSINESS INVESTMETNS, 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):

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 . Please amend your document accordingly.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00011871



April 2, 2009

Registration section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Jacksonville Business Investments, LLC

Dear Madam or Sir:

Enclosed please find the necessary forms and payment for Dr Hernan Chang to organize a Florida Limited Liability Company under the name of Jacksonville Business Investments, LLC.

Please contact this office if you have any questions regarding this matter.

Sincerely,

Patrice Fairchild

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacksonville Business Investments, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hernan R. Chang

(Name of Person)

(Firm/Company)

Post Office Box 17577

(Address)

Jacksonville, Florida 32245

(City/State and Zip Code)

For further information concerning this matter, please call:

Hernan R. Chang

(Name of Person)

at (904) 327-6860

(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:

Jacksonville Business Investments, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Jacksonville Business Investments, LLC

4480 Deerwood Lane Parkway # 631

Jacksonville, FL 32216

Mailing Address:

Jacksonville Business Investments, LLC

P.O. Box 17577

Jacksonville, FL 32245

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:

Harrington & Associates, CPAs

Name

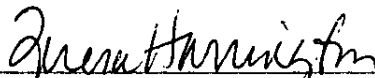
328 Stiles Ave

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

Orange Park, FL 32073

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)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

MGRM

Hernan R. Chang

P.O. Box 17577

Jacksonville, FL 32245

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JACKSONVILLE, FLORIDA

(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:



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.)

Hernan R. Chang

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)