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EXAMINER



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09 SEP 23 PH 1: 08

COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	The C	Onyx Company, LLC	
 	Name of Limi	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
		Jannita Jones Name of Person	
		Name of reison	
	The O	nyx Company, LLC	
		Firm/Company	
	76	77 Torino Court	
-		Address	
		ndo/Florida 32835	
	<u>_</u>	ty/State and Zip Code	
	E-mail address: (to be used	com & ajones97@gmail. for future annual report notification)	com
For further informati	on concerning this matter, pleas	e call:	
Ja	annita Jones	at (407)	690-0394
Na	me of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	k for the following amount:		
]\$ 125.00 Filing Fe	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The Or MOA O		
(Must end	The Onyx MCA Compa with the words "Limited Liability Con	any, LLC mpany," "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and		oal office of the Limited Liabili	ty Company is:
Principal Office Addre	ess: <u>M</u> a	ailing Address:	
7677 Torino Court Orlando, Florida 3283		77 Torino Court lando, Florida 32835	_
husiness entity with an active F	v cannot serve as its own Registered A	gent. You must designate an individual o	or another
business entity with an active F	Florida registration.)	ered agent are:	60 ° SIAID
business entity with an active F	Florida registration.)	ered agent are:	60 ° SIAID
business entity with an active F	Florida registration.) Ia street address of the registo Jannita Jones	ered agent are:	SECRETARY DIVISION OF CO OP SEP 23
business entity with an active F	Florida registration.) Ia street address of the registo Jannita Jones Name	ered agent are: s	SECRETARY OF CORPO
The name and the Florid	Florida registration.) In street address of the registration Jannita Jones Name 7677 Torino Co Florida street address (P.O. Box I	ered agent are: S ourt NOT acceptable)	SECRETARY DIVISION OF CO OP SEP 23
The name and the Florid	Florida registration.) In street address of the registration Jannita Jones Name 7677 Torino Co Florida street address (P.O. Box I	ered agent are: S ourt NOT acceptable)	SECRETARY OF ST DIVISION OF CORPOR -09-SEP 23 .PM 1:

legistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Men	nber
MGR	Jannita Jones
	7677 Torino Court
	Orlando, Florida 32835
MGRM	Lillian Roach
	5327 Cruzan Court
	Orlando, Florida 32818
MGRM	Aaron Jones III
	5327 Cruzan Court
	Orlando, Florida 32818
(Use attachment if necessar	y)
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
CLE V: Effective date, if other offective date is listed, the date of filing	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days parts.)
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days parts.)
CLE V: Effective date, if other of the date is listed, the date of filing	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days parts.)
CLE V: Effective date, if other offective date is listed, the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days g.) E:
CLE V: Effective date, if other offective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doctor)	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days parts.)
CLE V: Effective date, if other offective date is listed, the date of days after the date of filing EEQUIRED SIGNATUR Signature (In accordate of this document of this document of the date of the d	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days part of a member or an authorized representative of a member. Ince with section 608.408(3), Florida Statutes, the execution nument constitutes an affirmation under the penalties of perjury its stated herein are true.)
CLE V: Effective date, if other offective date is listed, the date of days after the date of filing EEQUIRED SIGNATUR Signature (In accordate of this document of this document of the date of the d	er than the date of filing: (OPTIONAL) Inter must be specific and cannot be more than five business days process. E: Interpolate the process of a member of an authorized representative of a member. Incer with section 608.408(3), Florida Statutes, the execution nument constitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)