

L09000114747

(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



400162978514

12/03/09--01001--012 **125.00

RECEIVED
09 DEC -2 PM 4:29
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
DEC - 3 2009
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 9:28

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED STATE
SECRETARY OF CORPORATIONS
09 DEC -2 AM 9:28

CONTACT: KATIE WONSCH

DATE: 12/02/09

REF. #: 000399.115558

CORP. NAME: JOYBILL 5600, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532779 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
JOYBILL 5600, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 9:29

1. Name. The name of the Limited Liability Company is:
JOYBILL 5600, LLC
2. Principal Office. The principal office of the Limited Liability Company is:
4240 Derek Way
Sarasota, FL 34233
3. Mailing Address. The mailing address of the Limited Liability Company is:
4240 Derek Way
Sarasota, FL 34233
4. Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:
Joyce L. Milligan
4240 Derek Way
Sarasota, FL 34233

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 obligation of my position as registered agent as provide for in Chapter 608, F.S.

Joyce L. Milligan
Joyce L. Milligan

5. Managing Member. The name and address of the initial managing member is as follows:

Joyce L. Milligan
4240 Derek Way
Sarasota, FL 34233

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.

Dated this 1st day of December, 2009.

Joyce L. Milligan
Joyce L. Milligan