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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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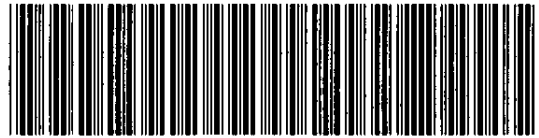
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 DEC 31 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 4 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: XLIV JOPA, 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:

Daniel Free
Name of Person

Firm/Company

11861 Raindrop Rd.
Address

Jacksonville, FL 32219
City/State and Zip Code

flynavy05@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Free at (520) 827-0808
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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

XLIV JOPA, 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:

11861 Raindrop Rd
Jacksonville, FL 32219

Mailing Address:

11861 Raindrop Rd.
Jacksonville, FL 32219

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:

Daniel Free

Name

11861 Raindrop Rd.

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

Jacksonville, FL 32219

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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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

Daniel Free
11861 Raindrop Rd.
Jacksonville, FL 32219

MGRM

Robert Huish
13300 Atlantic Blvd Apt 519
Jacksonville, FL 32225

MGRM

Patrick Moorse
10961 Burnt Mills Rd #375
Jacksonville, FL 32256

MGRM

Garrett Chrysler
13300 Atlantic Blvd #1709
Jacksonville, FL 32225

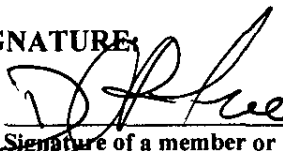
(Use attachment if necessary)

See attachment 1

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.)

Daniel Free

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)

ATTACHMENT 2

Title

Name / Address

FILED

MGRM

David Wright

2009 DEC 31 AM 11:06

12433 Cliff Rose Tr.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jacksonville, FL 32225

MGRM

Matthew Noble

11432 Ashley Manor Way

Jacksonville, FL 32225

MGRM

Adam Shreders

6998 Roundleaf Dr.

Jacksonville, FL 32258

MGRM

Zachary Leidig

4594 Capital Dome Dr.

Jacksonville, FL 32246

MGRM

Russel Coble

1741 Chandelier Dr. E.

Jacksonville, FL 32225

MGRM

Michael Colin Sullivan

10435 Midtown Pkwy #454

Jacksonville, FL 32246

MGRM

Moses Feliz

12530 Sugarberry Way

Jacksonville, FL 32226

MGRM

Stephen Eireta

12301 Kernan Forest Blvd #205

Jacksonville, FL 32225

MGRM

Michael Melville

7573 Advantage Ct.

Jacksonville, FL 32277