

L10000041991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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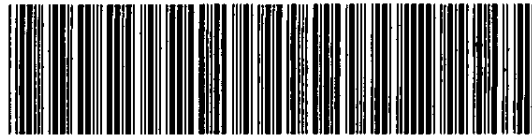
(Business Entity Name)

(Document Number)

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10 APR 19 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Connell APR 20 2010

REGISTRATION SECTION

DIVISION OF CORPORATIONS

4-16-10

ENCLOSED IS MY ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

JS SOLUTIONS, LLC

MY NAME + ADDRESS IS:

JOHN SARGEANT

11786 N BLUFF COVE PATH

DUNNELLON, FL 34434

TELEPHONE: (352) 465-5785

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JS Solutions, 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:

11786 North Bluff Cove Path

Dunnellon FL 34434

#### Mailing Address:

11786 North Bluff Cove Path

Dunnellon FL 34434

### 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:

John Sargeant

Name

11786 North Bluff Cove Path

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

Dunnellon FL 34434

City, State, and Zip

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*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..*

John Sargeant

Registered 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

John Sargeant

11786 North Bluff Cove Path

Dunnellon, FL 34434

(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.)

John Sargeant

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**