# L11000011825

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EFFECTIVE DATE 2/1/2011

B. KOHR

JAN 3 1 2011

**EXAMINER** 



# **COVER LETTER**

TO: Registration Section Division of Corporations	EFFECTIVE DATE 2 1 2011
SUBJECT: Jesse A Richards LLC	
Name of Limited 1	Liability Company
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter t	mitted for filing.
Jesse A Richards	
Na	me of Person
Jesse A Richards LLC	
Fii	m/Company
810 137 Street E	
	Address
Bradenton, FL 34212	
•	ate and Zip Code
fishermenjess@verizon.net	
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please ca	II:
Jesse Richards	(941 ) 747-0746
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### Jesse A Richards 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:	Mailing Address:
810 137th Street East	810 137th Street East
Bradenton, FL 34212	Bradenton, FL 34212

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

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:

Jesse A. Richa	ırds
	Name
810 137th S	Street East
Florid	la street address (P.O. Box NOT acceptable)
Bradenton	<sub>FL</sub> 34212
	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)

# The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Jesse A. Richards 810 137th Street East Bradenton, FL 34212 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 2-1-2011 . (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Jesse A. Richards Typed or printed name of signee

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

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)