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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docun	nent Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

SEP 1 9 2011

EXAMINER

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COVER LETTER

TO: Registration Se Division of Cor				
IGPS	LLC			
SUBJECT: JGPS, LLC Name of Limited Liability Company				
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing		
	ndence concerning this matte			
·	-	J		
<u>Carrissa F</u>		Name of Person		
JGPS, LL	C			
001 0, 22		Firm/Company		
5075 Park	Blvd			
		Address		
Pinellas Par	rk, FL 33781			
	•	/State and Zip Code		
jetgps@hotn	nail.com E-mail address: (to be used for	or future annual report notification)		
For further information c	oncerning this matter, please	call:		
Carrissa Peros		at (727) 235-2528		
Name o	f Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	_	\$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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
JGPS, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
5075 Park Blvd Pinellas Park, FL 33781	PO Box 457 Pinellas Park, FL 33780	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the recommendation.	ered Agent. You must designate an individu	
Name		
5075 Park Blvd		
Florida street add	ress (P.O. Box NOT acceptable)	
Pinellas Park	_{FL} 33781	
City, Sta	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the v. I further agree to comply with the rformance of my duties, and I am	appointment as he provisions of all familiar with and
Registered Agent's Signatu)CL PLUD ure (REQUIRED)	SEP 16
(CONTIN	UED)	

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Carrissa Peros
	5075 Park Blvd
	Pinellas Park, FL 33781
MGRM	William Peros
	5075 Park Blvd
	Pinellas Park, FL 33781
	•

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 15,2011 (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:

Carissa Peur

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.)

Carrissa Peros

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)