

L11000122951

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 28 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jolin Enterprises 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:

John C. Ronan

Name of Person

Jolin Enterprises LLC.

Firm/Company

2943 Summer Winds Circle

Address

Saint Cloud, Florida 34769

City/State and Zip Code

Lawnspc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Ronan

Name of Person

at (**407**) **729-5826**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2011

JOHN C. RONAN
2943 SUMMER WINDS CIRCLE
SAINT CLOUD, FL 34769

SUBJECT: JOLIN ENTERPRISES LLC
Ref. Number: W11000051913

We have received your document for JOLIN ENTERPRISES LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 911A00023151

October 25, 2011

Jolin Enterprises LLC
John C Ronan
2943 Summer Winds Circle
Saint Cloud, FL 34769

Attn: Neysa Culligan, Regulatory Specialist II:

I, John C Ronan am verifying that I will not be re-instating the company by the name of Jolin Enterprises Inc. in the future at all.

FL Department of State Document number: P01000091022

Thank you for your attention to this matter. If you have any questions, I can be reached at 407-729-5826.

A handwritten signature in black ink that reads "John C. Ronan". The signature is written in a cursive, flowing style.

John C Ronan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jolin Enterprises 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:

Jolin Enterprises LLC.

2943 Summer Winds Circle

Saint Cloud, Florida 34769

Mailing Address:

Jolin Enterprises LLC.

2943 Summer Winds Circle

Saint Cloud, Florida 34769

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 C. Ronan

Name

2943 Summer Winds Circle

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

Saint Cloud

FL 34769

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)

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:

MGR

John C. Ronan

2943 Summer Winds Circle

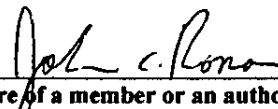
Saint Cloud, Florida 34769

(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. 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.)

John C. Ronan

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 AM 9:31

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