

L120000020242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

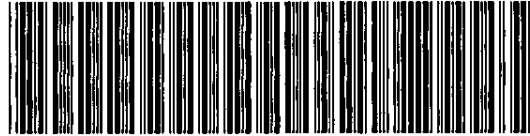
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Special Instructions to Filing Officer:

W120000007953

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B. KOHR
FEB 10 2012
EXAMINER



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02/08/12--01028--009 **125.00

12 FEB -8 PM 11:39

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE 2/1/2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2012

ANTHONY L. HUFFMAN
HUFFMAN & COMPANY, CPA, P.A.
PO BOX 321330
FLOWOOD, MS 39232

SUBJECT: JNU PROPERTIES, LLC
Ref. Number: W12000007953

EFFECTIVE DATE 2/1/2012

FILED
STATE OF
FLORIDA
SECTION OF CORPORATIONS
12 FEB - 8 PM '12

We have received your document for JNU PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 8, 2012. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 512A00005804

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JNU Properties, 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:

Anthony L. Huffman

Name of Person

Huffman & Company, CPA, P.A.

Firm/Company

Post Office Box 321330

Address

Flowood, MS 39232

City/State and Zip Code

theutegs@gmail.com

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

EFFECTIVE DATE 2/1/2012

For further information concerning this matter, please call:

Molly Uteg

Name of Person

at (601) 209-3495

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

EFFECTIVE DATE 2/1/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JNU Properties, 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:

2083 North Pointe Alexs Drive
Tarpon Springs, FL 34689

Mailing Address:

same

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:

Molly Uteg

Name

2083 North Pointe Alexis Drive

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

Tarpon Springs, FL 34689

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -8 PM 4:39

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

Molly Uteg

2083 North Points Alexis Drive

Tarpon Springs, FL 34689

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 1, 2012 (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.)

Anthony L. Huffman

Typed or printed name of signer

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)