

L 12000034852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700224177717

EFFECTIVE DATE
3-14-2012

03/09/12--01026--020 **160.00

FILED
12 MAR -9 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 12 2012

J. SCOTT BRYARS ENTERPRISES, LLC
PO BOX 10204
PENSACOLA, FL 32524
850-324-2595
850-698-7141

March 6, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Organization

To Whom It May Concern:

Enclosed you will find the completed Articles of Organization along with a check in the amount of \$160.00 for the filing fee, a certified copy and a Certificate of Status.

Please feel free to contact me at the numbers above with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Scott Bryars". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

J. Scott Bryars

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J. S. BRYARS 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:

J. SCOTT BRYARS

Name of Person

J. S. BRYARS ENTERPRISES, LLC

Firm/Company

PO BOX 10204

Address

PNS, FL 32524

City/State and Zip Code

LETHIABRYARS1234@GMAIL.COM

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

For further information concerning this matter, please call:

LETHIA BRYARS

Name of Person

at (850) 698-7141

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
3-14-2012

J. S. BRYARS 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:

1380 DUNMIRE ST, D1
PNS FL 32504

Mailing Address:

PO BOX 10204
PNS FL 32524

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:

J. SCOTT BRYARS

Name

1380 DUNMIRE ST, D1

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

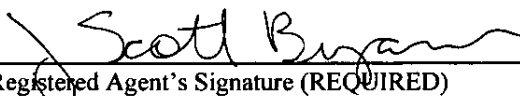
PNS

FL 32504

City, State, and Zip

FILED
12 MAR -9 PM 1:39
SECRETARY OF STATE
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:

MGRM

STEPHEN SOJKA

1422 WISTERIA AV. #5

PNS FL 32507

MGRM

GREGORY A. DATZ

1422 WISTERIA AV, #5

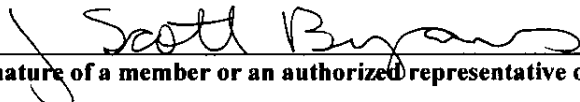
PNS FL 32507

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/14/12. (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.)

J. SCOTT BRYARS

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)