

L13000037631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

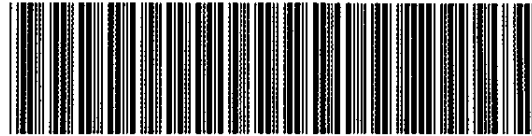
(Business Entity Name)

(Document Number)

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2013 MAR 12 AM 11:56
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C. LEWIS
MAR 13 2013
EXAMINER

Charter Number Only

VALIDATION ONLY

3/11/13

Melnick, Lilienfeld & Castonguay

Requestor's Name

2670 N.E. 215 St

Address

Aventura, FL 33180

City

State

ZIP

Phone

(305) 937-1040

CORPORATION(S) NAME

CJ's Creations, LLC.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

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Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJ'S Creations, 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:

7475 SW 147th Street
Palmetto Bay, FL 33158

Mailing Address:

7475 SW 147th Street
Palmetto Bay, FL 33158

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:

Caryn J. Potucek

Name

7475 SW 147th Street

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

Palmetto Bay FL 33158

City, State, and Zip

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DIVISION OF CORPORATIONS
2019 MAR 12 AM 8:46

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:

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DIVISION OF CORPORATIONS

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM - President

CARYN J. POTUCEK
7475 SW 147th STREET
PALMETTO BAY, FL 33158

Asst. MGRM - Vice
President

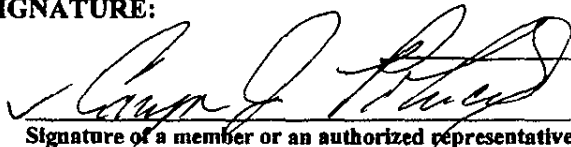
JAMES A. POTUCEK
7475 SW 147 STREET
PALMETTO BAY, FL 33158

(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.)

Caryn J. Potucek

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)