43000162063

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500253547005

11/18/13--01035--001 **160.00

TALLAHASSEL, ELOPH

BISHCY IS PILE: 5t

B. BOSTICK NOV 1 9 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

JBJECT: Michael Jernigan Motivates, 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:

Michael L Jernigan

Name of Person

Michael Jernigan Motivates

Firm/Company

900 38th Ave NE

Address

St Petersburg, FL 33704

City/State and Zip Code

michael@michaeljernigan.org

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

For further information concerning this matter, please call:

Michael Jernigan

...727

642-1776

Name of Person

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: | |
| Michael Jernigan Motivates, LLC | |
| (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8726 Bay St NE | 900 38th Ave NE |
| St Petersburg, FL 33702 | St Petersburg, FL 33704 |
| | |
| 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 registration. Michael L Jernigan Name 8726 Bay St NE Florida street address | red Agent. You must designate an individual or another |
| St Petersburg, FL 33702 | FL C |
| City, State | e, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S |

(CONTINUED)

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:

| "MGRM" = Managing Member | |
|--|---|
| | |
| MGMR | Michael L Jernigan |
| | 8726 Bay St NE |
| | St Petersburg, FL 33702 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | 1. 1 |
| LE V: Effective date, if other than ffective date is listed, the date is | n the date of filing: (OPTIONA must be specific and cannot be more than five busine |
| LE V: Effective date, if other than | must be specific and cannot be more than five busine g.) |
| LE V: Effective date, if other than ffective date is listed, the date is | must be specific and cannot be more than five busine g.) |
| LE V: Effective date, if other than ffective date is listed, the date is | must be specific and cannot be more than five busine g.) |
| LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filin | must be specific and cannot be more than five busine g.) |
| LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filin | must be specific and cannot be more than five business.) |
| LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: | must be specific and cannot be more than five business.) |
| LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: | must be specific and cannot be more than five business.) |
| LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of the constitutes an affirmation of a management of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitut | ember or an authorized representative of a member. 10. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 10. formation submitted in a document to the Department of State |
| LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of the constitutes an affirmation of a management of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitut | ember or an authorized representative of a member. and 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are: true. Information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)