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13 NOV 25 PM 3: 11



(850) 245-6051.

COVER LETTER

TO: Registration Section **Division of Corporations** JOG TRAVEL, 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: Jo Geltman Name of Person Firm/Company 12346 Pleasant Green Way Boynton Beach, FL 33437-2051 City/State and Zip Code jo.geltman@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jo Geltman Name of Person Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JOG TRAVEL, LLC (Must end with the words "Limited Liability ARTICLE II - Address: The mailing address and street address of the principal Office Address: 12346 Pleasant Green Way	
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	ncipal office of the Limited Liability Company is:
The mailing address and street address of the principal Office Address:	
The mailing address and street address of the principal Office Address:	
	Mailing Address:
12346 Pleasant Green Way	
	Same
Boynton Beach, FL 33437-2051	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	· · · · · · · · · · · · · · · · · · ·
Jo Geltman	
Name	FILED NOV 25 PM WHASSEE, FLE
12346 Pleasant Green Way	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Boynton Beach	FL 33437-2051
City, Stat	

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..

(CONTINUED)

Registered Ngent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Jo Geltman	
	12346 Pleasant Green Way	
	Boynton Beach, FŁ 33437-2051	
	<u> </u>	
		T)
		Ţ
		محسب
		
(Use attackment if recognize)	<u> </u>	
(Use attachment if necessary) ARTICLE V: Effective date, if other the (If an effective date is listed, the date prior to or 90 days after the date of file.)	nan the date of filing: January 1, 2014 . (OPTIONAL) e must be specific and cannot be more than five business d	ays
ARTICLE V: Effective date, if other the (If an effective date is listed, the date	nan the date of filing: January 1, 2014 . (OPTIONAL) e must be specific and cannot be more than five business d	ays
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ARTICLE V: Effective date, if other the (If an effective date is listed, the date prior to or 90 days after the date of fil REQUIRED SIGNATURE:	nan the date of filing: January 1, 2014 . (OPTIONAL) e must be specific and cannot be more than five business ding.)	ays
ARTICLE V: Effective date, if other the (If an effective date is listed, the date prior to or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	nan the date of filing: January 1, 2014 . (OPTIONAL) e must be specific and cannot be more than five business d	ays
ARTICLE V: Effective date, if other the (If an effective date is listed, the date prior to or 90 days after the date of file REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. The ion formation submitted in a document to the Department of State	ays

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)

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