

L13000169148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12/04/13--01009--020 **160.00

EFFECTIVE DATE

12/1/13

FILED
2013 DEC -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan

DEC - 6 2013



Stephen G. Salley
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Fax 407.420.5909
salleys@gtlaw.com

December 2, 2013

FIRST-CLASS MAIL

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SS/JR Family Business Consulting LLC

Dear Sir/Madam:

Enclosed please find an LLC application and Check No.: 2095 in the amount of \$160.00 for SS/JR Family Business Consulting LLC. Please forward the Certificate of Status and Certified Copy to the address shown: 12608 Park Avenue, Windermere, FL 34786 as soon as possible.

Thank you for your help.

Sincerely,

A handwritten signature in black ink that reads "Stephen G. Salley bc". The signature is written in a cursive, flowing style.

Stephen G. Salley

SGS/bc
Enclosure

ORL 298685429v1

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SS/JR Family Business Consulting 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:

JoEllen Ross

Name of Person

SS/JR

Firm/Company

12608 Park Ave.

Address

Windermere FL 34786

City/State and Zip Code

jross25@cfl.rr.com

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

For further information concerning this matter, please call:

JoEllen Ross

Name of Person

at **(407) 694 7637**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

SS/JR Family Business Consulting 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:

12608 Park Ave., Windermere, FL, 34786

Mailing Address:

12608 Park Ave., Windermere, FL, 34786

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:

JoEllen Ross

Name

12608 Park Ave.,

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

Windermere, FL, 34786

City, State, and Zip

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2013 DEC -4 PM 12:09
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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:

JoEllen Ross *MGRM*

12608 Park Ave., Windermere, FL, 34786

Stephen G. Salley *MGRM*

235 Spring lake Hills Dr., Altamonte Springs FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 1, 2013. (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:

JoEllen Ross

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.)

JoEllen Ross

Typed or printed name of signee

FILED
2013 DEC -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)