

✓
L13000170724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

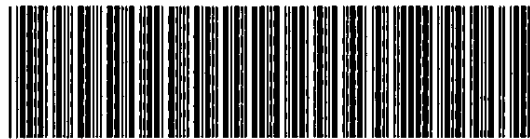
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800254402828

12/06/13--01029--010 **125.00

2013 DEC -6 PM 4:07
CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 10 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOYLEE'S MOVING SERVICES, 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:

LELAND M. WILLISTON

Name of Person

JOYLEE'S MOVING SERVICES, LLC

Firm/Company

10178 WINDING RIVER RD.

Address

PUNTA GORDA, FL. 33950

City/State and Zip Code

LEESMOVING1 @ GMAIL.COM

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

For further information concerning this matter, please call:

LEE WILLISTON

Name of Person

at (727) 810-1599

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

2013 DEC -6 PM 4:07
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOY LEES MOVING SERVICES, 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:

Mailing Address:

10178 WINDING RIVER RD SAME
PUNTA GORDA, FL.
33950

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.)

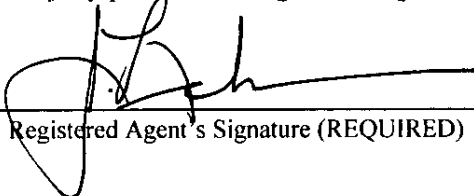
The name and the Florida street address of the registered agent are:

JOYCE D. LEHR
Name

10178 WINDING RIVER RD
Florida street address (P.O. Box **NOT** acceptable)
PUNTA GORDA FL 33950
City, State, and Zip

2018 DEC -6 PM 4:07
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)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

LELAND M. WILLISTON
10178 WINDING RIVER RD
PUNTA GORDA, FL 33950

MEM

Joyce D. Lehr
10178 Winding River Rd
Punta Gorda, FL
33950

203 DEC -6 PM 4:01
ITALIANASSET: LORION

REQUIRED SIGNATURE:

S. A. Sillistson

(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.)

LELAND H. WILLISTON

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)