L14000062957

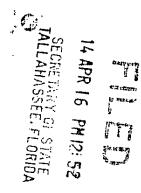
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
•		
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	. = -	
Special Instructions to I	Filing Officer:	





600258826426

04/16/14--01019--015 **125.00



1 95 persons apr 1 7 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jopada Enterprises LCC Name of Limited Liability Company
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:
Pamela L. Kirscher Name of Person
Name of Person
Firm/Company
5295 Box Turtle cuicle
Address
Scrabota F1 34232 City/State and Zip Code PKirscher @ Yahro. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
DKIrscher Q yahro.com
For further information concerning this matter, please call:
Pamela Kirscher at 941 504-2204 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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:	
Jopada Enterprises (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 of	
Principal Office Address:	Mailing Address:
5295 Box Turtle cir Sarasote, Fi 34232	5295 Box Turtle circle Sarasota, Fl 34232
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
	agent are: Kirscher
5295 Bo	x Turtle Crole
Florida street address (P.O. Box	NOT acceptable) 54232
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in the er 605, F.S
Registered Agent's Signat	ure (REQUIRED)
(CONTINUE	والمرابع المستحد المست
Page 1 of 2	SET OF THE PROPERTY OF THE PRO
	OR!

<u>Title:</u> "AMBR" = Authorized M	Name and Address: Member	
"MGR" = Manager	Panela L. Kirsche 5295 Box Turtt Sarasota, Fl 34	e circle

(Use attachment if necess	eary)	
effective date is listed, the cate of filing.)	are than the date of filing: (OP' ate must be specific and cannot be more than five business day any.	ΓΙΟΝΑL) s prior to or 90 days ε
effective date, if off effective date is listed, the case of filing.) CLE VI: Other provisions, if	ate must be specific and cannot be more than five business day	ΓΙΟΝΑL) s prior to or 90 days a
effective date is listed, the cate of filing.)	ate must be specific and cannot be more than five business day any.	ΓΙΟΝΑL) s prior to or 90 days a
effective date is listed, the cete of filing.) CLE VI: Other provisions, if REQUIRED SIGNATU	ate must be specific and cannot be more than five business day any. RE: Panela L Kuscker	s prior to or 90 days a
effective date is listed, the of te of filing.) CLE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a 1 am aware tha	ate must be specific and cannot be more than five business day any.	s prior to or 90 days a
effective date is listed, the of te of filing.) CLE VI: Other provisions, if REQUIRED SIGNATE Sig (In accordance constitutes an a 1 am aware tha	any. RE: Parella L Lucker nature of a member or an authorized representative of a mem with section 605.0203 (1) (b), Florida Statutes, the execution of t affirmation under the penalties of perjury that the facts stated hereit any false information submitted in a document to the Department	aber. his document in are true. t of State
effective date is listed, the ofte of filing.) CLE VI: Other provisions, if REQUIRED SIGNATE Sig (In accordance constitutes an all am aware that constitutes a the constitutes at the constitute of the constit	any. RE: Parela L. Kurcker Institute of a member or an authorized representative of a mem with section 605.0203 (1) (b), Florida Statutes, the execution of the firmation under the penalties of perjury that the facts stated herein any false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.) Parela L. Kurcher Typed or printed name of signee Filing Fees: Articles of Organization and Designation of Registered Agents	s prior to or 90 days a sprior to or 90 days
effective date is listed, the case of filing.) CLE VI: Other provisions, if REQUIRED SIGNATE Sig (In accordance constitutes an a l am aware that constitutes a the constitutes as the cons	any. RE: Tamela A Complete A Complete A Complete A Complete A Complete Typed or printed name of signee Filing Fees: Articles of Organization and Designation of Registered Agenty (Optional)	ber. his document in are true. t of State