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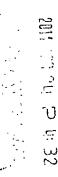
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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B. BOSTICK APR 28 2014 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: JS Agency, LLC Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Martin E. Gonterman	Name of Person	
		Firm/Company	
	500 Palm Springs Boulevard, #102	Address	
	Indian Harbour Beach, FL 32937	City/State and Zip Code	
.m	arty.gonterman@yahoo.com E-mail address: (to be use	d for future annual report notification)	2
For fur	For further information concerning this matter, please call:		
<u>Martir</u>	Name of Person	321) 525-9376 Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:		711 W
□ \$125.0	00 Filing Fee Status O Filing Fee Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	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

ARTICLE 1 - Name:	ORIDA LIMITED LIABILITY COMPANY	
The name of the Limited Liability Company is:		
JS Agency, LLC	.iability Company, "L.L.C.," or "L.L.C.")	
(Must end with the words "Limited L	nability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
500 Palm Springs Boulevard, #102 Indian Harbour Beach, FL 32937	500 Palm Springs Boulevard, #102 Indian Harbour Beach, FL 32937	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.) The name and the Florida street address of the registered a	tegistered Agent. You must designate an individual or)	
Jennifer M. Gonterman Name		
500 Palm Springs Boulevard, # Florida street address (P.O. Box I		
Indian Harbour Beach	FL 32937	
City	Zip	
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation in the control of t	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in or 605, F.S	

(CONTINUED)

Page 1 of 2

	<u>tle:</u> .MBR" = Authorized Men		Name and Address:	
	MGR" = Manager		Markin E. Contamon	
A	MBR		Martin E. Gonterman 500 Palm Springs Boulevard, #102	
			Indian Harbour Beach, FL 32937	
_	·			
(U	se attachment if necessary	')		
CLE.	V: Effective data if other	than the date of filing:	(OPTIONAL)	
effect	ive date is listed, the date	must be specific and	cannot be more than five business days prior to or 90 c	iays after
	filing.)			
	VI: Other provisions, if an			

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Martin E. Gonterman
Typed or printed name of signee

Filing Fees:

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

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)