

L 14 000077227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

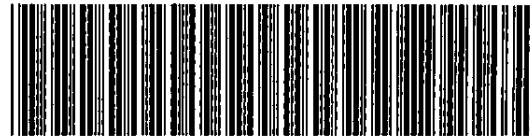
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J AND J SALES, 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:

JAMES R. WILLIAMS

Name of Person

Firm/Company

10201 WEST BEAVER STREET LOT 39

Address

JACKSONVILLE, FL 32220

City/State and Zip Code

engine_pro@live.com

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

For further information concerning this matter, please call:

JAMES R. WILLIAMS

Name of Person

at (904)

Area Code

803-9030

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

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JAMES R. WILLIAMS

10201 WEST BEAVER STREET LOT 39

JACKSONVILLE, FL 32220

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ____ (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.)

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:



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.)

JAMES R. WILLIAMS

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)

\$ 5.00 Certificate of Status (Optional)

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