

L1400010539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

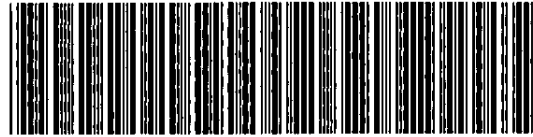
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/27/14--01027--019 \*\*125.00

64-11 V 42 JUN 15 2014  
JUN 24 11:49  
05/27/14

W14-342006

B. BOSTICK

JUN 25 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JLA Team 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:

Javed Mirza  
Name of Person

Firm/Company

10613 spring hammock way  
Address

Orlando Florida 32825  
City/State and Zip Code

info@javedteam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javed Mirza at ( 407 ) 493-8742  
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JLA Team 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:**

10613 spring hammock way  
Orlando Florida 32825

10613 spring hammock way  
Orlando Florida 32825

**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:

Javed Mirza

Name

10613 spring hammock way

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

Orlando

FL 32825

City

Zip

*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 605, F.S..*

J. Mirza.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED  
MAR 17 2014  
6:11:49 PM  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
Javed Mirza

MGR

Assiya Mirza

MGR

**Name and Address:**

JAVED MIRZA  
10613 spring hammock way  
Orlando Florida 32825

ASSIYA MIRZA  
10613 spring hammock way  
Orlando Florida 32825

(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.

**REQUIRED SIGNATURE:**

*J. Mirza*

**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.)

Javed Mirza

Typed or printed name of signer

**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)

RECEIVED  
JAN 11 2011  
4:11:49 PM  
CLERK OF THE COURT  
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2014

JAVED MIRZA  
10613 SPRING HAMMOCK WAY  
ORLANDO, FL 32825

SUBJECT: JLA TEAM LLC  
Ref. Number: W14000034266

We have received your document for JLA TEAM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We need the title for each person listed.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 514A00012790

RECEIVED  
JUNE 12 2014  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
JUNE 12 2014  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2014

JAVED MIRZA  
10613 SPRING HAMMOCK WAY  
ORLANDO, FL 32825

SUBJECT: JLA TEAM LLC  
Ref. Number: W14000034266

We have received your document for JLA TEAM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 014A00011865

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2014 JUN 24 AM 11:49

FLORIDA DEPARTMENT OF STATE