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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

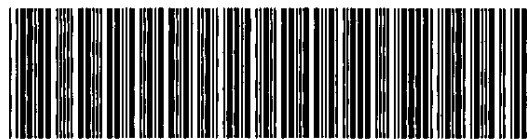
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/14--01046--004 **160.00

14 AUG 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Laura F. Johnson
910 NW 29th Place
Gainesville, Florida 32609
(352) 494-2105

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
(850) 245-6051

August 8, 2014

To whom it may concern,

Enclosed, please find the signed articles of organization for Jubilee Co. LLC and check no.119 in the amount of \$160.00 for the Filing Fee, Certificate of Status & Certified Copy.

If you need any additional information, please do not hesitate to contact me by email at LFjohnson09@gmail.com or by cell phone at (352) 494-2105.

Thank you,



Laura F. Johnson

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jubilee Co. 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:

Laura F. Johnson
Name of Person

Jubilee Co. LLC
Firm/Company

1200 Turtle Hill Circle
Address

South Ponte Vedra Beach, Florida 32082
City/State and Zip Code

LFjohnson09@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Johnson at (352) 258-2809
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:

Jubilee Co. 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:

1200 Turtle Hill Circle
South Ponte Vedra Beach, FL 32082

1200 Turtle Hill Circle
South Ponte Vedra Beach, FL 32082

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:

Michele Adams-Johnson
Name

1927 NW 13th Street
Florida street address (P.O. Box **NOT** acceptable)

Gainesville FL 32609
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..

Michele Adams-Johnson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG 11 11:11:25
STATE OF FLORIDA
TALLAHASSEE

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:

Laura F. Johnson

1200 Turtle Hill Circle

South Ponte Vedra Beach, FL 32082

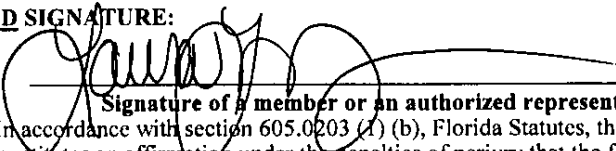
(Use attachment if necessary)

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:



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.)

Laura F. Johnson

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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SECRETARY OF STATE
FLORIDA