

L 14000144537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

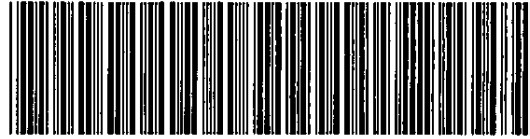
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Certified Copies _____ Certificates of Status _____

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ALEXANDER & DAMBRA, P.A.

ATTORNEYS AT LAW

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WEST PALM BEACH, FLORIDA 33417

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REAL ESTATE EMAIL: ADDREALESTATE@BELLSOUTH.NET

KAREN LEVIN ALEXANDER
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GEORGIANA FRATELLA DAMBRA*
GMDAMBRA@AOL.COM

*ALSO MEMBER OF NEW JERSEY BAR

September 4, 2014

Secretary of State
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Division of Corporations

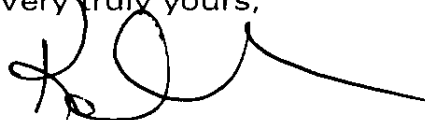
Re: JAS REC, LLC

Dear Sir or Madam:

Enclosed you will find an original and one copy of the Articles of Organization for JAS REC, LLC. Please file the original with your office and return a copy to me stamped "filed". I have also enclosed our firm check in the amount of \$160.00 which represents the filing fee and the fee for a Certificate of Status.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Very truly yours,



Karen Levin Alexander

KLA:cmo

Enclosures

cc: John Strauss (w/out enclosure)
CORP/SECSTATE.LTR

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAS REC. 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:

John Strauss

Name of Person

Firm/Company

1009 Newman Road

Address

Lake Park, FL 33403

City/State and Zip Code

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

For further information concerning this matter, please call:

john@jasmarine.com

Name of Person

at (561)

Area Code

844-3224

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

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2011 SEP -8 PM 12:59
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAS REC, 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:

1009 Newman Road

Same

Lake Park, FL 3403

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:

John Strauss

Name

1009 Newman Road

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

Lake Park

FL 33403

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, 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

John Strauss-MGR, /

Name and Address:

1009 Newman Road

Lake Park, FL 33403

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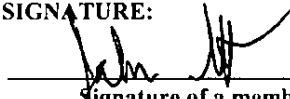
(Use attachment if necessary)

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.)

John Strauss

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)