

L14000144543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

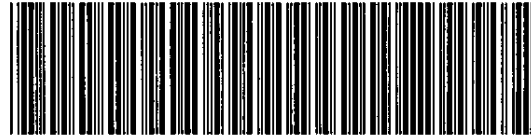
(Document Number)

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

Special Instructions to Filing Officer:

W14-54914

Office Use Only



400263822144

09/02/14--01047--011 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP 10 PM 1:45

FILED

SEP 16 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2014

APRIL MURPHY  
3182 SAN JOSE STREET  
CLEARWATER, FL 33759

SUBJECT: JACT HOMES, LLC  
Ref. Number: W14000054914

We have received your document for JACT HOMES, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 514A00019183

FILED  
2014 SEP 10 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JACT Homes, 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:

April Murphy  
Name of Person

JACT Homes, LLC  
Firm/Company

3182 San Jose Street  
Address

Clearwater, FL 33759  
City/State and Zip Code

ptcruiser11552@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Murphy at ( 727 ) 459-6115  
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

2014 SEP 10 PM 1:45  
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACT Homes, 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:

JACT Homes, LLC

3182 San Jose Street

Clearwater, FL 33759

JACT Homes, LLC

3182 San Jose Street

Clearwater, FL 33759

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:

April Murphy

Name

3182 San Jose Street

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

Clearwater

City

FL 33759

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.*

April Murphy  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 SEP 10 PM 1:45  
SECRETARY OF STATE  
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

AMBR

**Name and Address:**

April Murphy  
3182 San Jose Street  
Clearwater, FL 33759

MGR

Thomas Murphy  
3182 San Jose Street  
Clearwater, FL 33759

MGR

Joseph Macri  
PO Box 205  
Cotton Town, TN 37048

MGR

Christopher Kaclik  
PO Box 205  
Cotton Town, TN 37048

(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:**

*April Murphy*  
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.)

April Murphy

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)

**FILED**  
2014 SEP 10 PM 1:45  
CLERK OF STATE  
TALLAHASSEE FLORIDA