

L14000 194686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

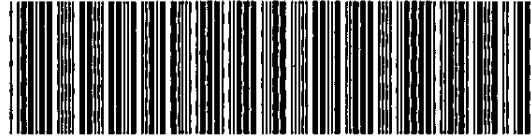
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267133023

12/08/14--01029--015 **130.00

FILED
2014 DEC -8 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 23 2014

T CLIN.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2014

NISHIT PATEL
2170 MAIN STREET, SUITE 204
SARASOTA, FL 34237

SUBJECT: JMBJ DUARTE LLC
Ref. Number: W14000074412

2014 DEC -8 PM 3:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

We have received your document for JMBJ DUARTE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 8, 2014. Please amend your document accordingly.

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: 614A00026408

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMBJ DUARTE 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:

NISHIT PATEL

Name of Person

PATEL I VALCARCEL, P.A.

Firm/Company

2170 MAIN STREET, SUITE 204

Address

SARASOTA, FLORIDA 34237

City/State and Zip Code

NISHIT@PATELVALCARCEL.COM

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

For further information concerning this matter, please call:

NISHIT PATEL

Name of Person

at (941) 363-7900

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC - 8 PM 3:02

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMBJ DUARTE 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:

1448 MAIN STREET
SARASOTA, FLORIDA 34236

1448 MAIN STREET
SARASOTA, FLORIDA 34236

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:

NISHIT PATEL

Name

2170 MAIN STREET, SUITE 204

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

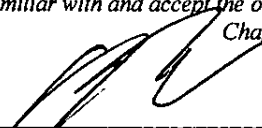
SARASOTA

FL 34237

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC -8 PM 3:02

FILED

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:

BRIAN DUARTE

1448 MAIN STREET

SARASOTA, FLORIDA 34237

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 1, 2014. (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.

ANY AND ALL LEGAL ENTERPRISES

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.)

NISHIT V. PATEL

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)