

L150000 21745

James Jones

(Requestor's Name)

3116 Capital Circle N.E. STE 3

(Address)

Tallahassee, FL

(Address)

FL. 32308. 850-668-4925

(City/State/Zip/Phone #)

Frank@verygoodcpa.com

☐ PICK-UP

☐ WAIT

☐ MAIL

James Jones Painting LLC

(Business Entity Name)

L12000144480

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 05 2015  
J. HARRIS

JAMES JONES PAINTING LLC

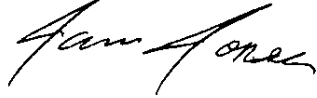
L12000144480

2/4/15

To Whom It May concern,

We are no longer plan to use JAMES JONES PAINTING LLC

Sincerely



~~Frank Hong~~

James Jones

Frank@verygoodcpa.com.

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ANTHONY J. B. HARRIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JAMES JONES PAINTNG 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:**

3116 CAPITAL CIRCLE NE STE 3  
TALLAHASSEE, FL 32308

**Mailing Address:**

P.O. BOX 194  
ST. MARKS, FL 32355-0194

**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:

FRANK RONG CPA

Name

3116 CAPITAL CIRCLE NE STE 3

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

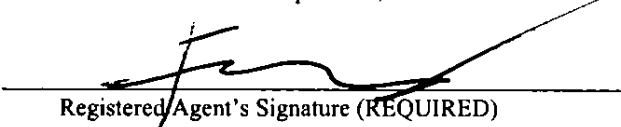
TALLAHASSEE

FL 32308

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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**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:**

JAMES JONES

PO BOX 194

TALLAHASSEE, FL 32355-0194

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

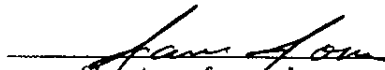
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

JAMES JONES

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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