L15000026036

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Office Use Only

245-82

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: <u>JCosta Home Improvements, LL</u> Name of L	.C imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Jason Costa	Name of Person	
	JCosta Home Improvement LLC		
	_	Firm/Company	
	7836 Saint Andrews Circle	Address	
	Orlando, FL 32835	City/State and Zip Code	
jc	ostahomas@amail.com	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, plants	ease call:	
Jason	Costa at (Name of Person	407) 766 7174 Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Add Registration Section Division of Corporal	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2015

JASON COSTA 7836 SAINT ANDREWS CIR ORLANDO, FL 32835

SUBJECT: JCOSTA HOME IMPROVEMENT, LLC

Ref. Number: W15000009070

We have received your document for JCOSTA HOME IMPROVEMENT, 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 January 28, 2015. 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 915A00002585

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JCosta Home Improvement, LLC (Must end with the words "Limite"	d 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:
7836 Saint Andrews Circle Orlando, FL 32835	7836 Saint Andrews Circle Orlando, FL 32835
another business entity with an active Florida registration	n Registered Agent. You must designate an individual or on.)
The name and the Florida street address of the registered	d agent are:
<u>Jason Costa</u> Name	e
7836 Saint Andrews Circle Florida street address (P.O. Bo	x <u>NOT</u> acceptable)
Orlando	FL 32835
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance oligations of my position as registered agent as provided for in other 605, F.S
(CONTINU Page 1 of	
1.1507.00	7. 12

'AMBR" = Authorized Member 'MGR" = Manager MGR Jason Costa 7836 Saint Andrews Circle Orlandpo, FL 32835 MGR Rachel Costa 7836 Saint Andrews Circle Orlando, FL 32835
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MGR Rachel Costa 7836 Saint Andrews Circle
MGR Rachel Costa 7836 Saint Andrews Circle
7836 Saint Andrews Circle
Orlando, FL 32835
Use attachment if necessary)
V: Effective date, if other than the date of filing: 2/12/15 (OPTIONAL)
REQUIRED SIGNATURE:
REQUIRED SIGNATURE:
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Signature of a member or an authorized representative of a member,
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