# ~L150000 80788

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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04/10/15--01027--023 \*\*160.00

SECRETARY OF STATE

5 APR 10 PM 5: 5

### **COVER LETTER**

Division of Corporations
SUBJECT: Jones & Jones L. 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:
Charles D Jones Name of Person
Jones Jones LLC.
220 windsor Street
Lakeland, Fl. 33803 City/State and Zip Code
10nes farmer 30 agl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles D. Jones at (863) 670-5381  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

CHARLES D. JONES 220 WINDSOR STREET LAKELAND, FL 33803

SUBJECT: JONES & JOENS LLC. Ref. Number: W15000028704

15 HeV -7 AHID: 00

## BANOT

We have received your document for JONES & JOENS LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 242-6051.

WESTLEE A PAINTER Regulatory Specialist II

Letter Number: 215A00008288

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jones	N Jon	es Limi	ted Ligbili	C." of "LLC.")
	(Must end with the	words "Limited	Liability Company, "L.L.	C.," or "LLC.")
ARTICLE II - Addr The mailing address a		of the principal of	fice of the Limited Liabili	ity Company is:
Principal Office Add	dress:		Mailing Address:	

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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Charles D Jones

Name

220 Windsor Street

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

Lakeland, FL. 33803

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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Charles D Jones 220 Windsor Street
mGR	Rebessa L Jones
	Lakeland, Fl. 33803
***	
V: Effective date, if other than the date entire date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
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Signature of a mer (In accordance with section 605 constitutes an affirmation under I arm aware that any false inform	nber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  nation submitted in a document to the Department of State
V: Effective date, if other than the date extive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.