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(1	Requestor's Name)			
(.	Address)			
(Address)			
. (1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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05/22/15--01030--015 **125.00



1	* COVER LETTER
	COVER LETTER
	Registration Section Division of Corporations
SUBJE	Jake Pelot, LLC.
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Jake Pelot
	Name of Person
	Jake Pelot, LLC.
	Firm/Company
	10367 Tyson Rd.
. 1:	Address Di Orlando, FL 32832
SLE :	City/State and Zip Code City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
₽	Jake Pelot 407 902-7548
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	0 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

The state of the s

Jake Pelot, LLC.					
(Must end	l with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
10367 Tyson Rd. O	rlando, FL 32832		57 Tyson Rd. Orlando, FL 32832		
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	n Registered Agent. 'on.)	You must designate an individual	SECRET	MAN SING
	Karen Pelot			ASSA	22
Control of the second of the s	10367 Tyson Rd.	Name		FOR S	圣
is a About it is the	Florida street addres	is (P.O. Box NOT ac	cceptable)	22	Ċ
Part Co	Orlando	FL(5 pr	32832	- FT	90
	City	State	Zip		
Having been named as registered place designated in this certificat arther agree to comply with the p	e, I hereby accept the app provisions of all statutes r	ointment as registere elating to the proper	above stated limited liability comed agent and agree to act in this contain and complete performance of my as provided for in Chapter 605, F.	apacity. I duties, and I	
laving been named as registered lace designated in this certificat urther agree to comply with the p	e, I hereby accept the app provisions of all statutes r	ointment as registere elating to the proper	ed agent and agree to act in this co and complete performance of my	apacity. I duties, and I	
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot the date of filing.) Note: If the date inserted in this block does not meet the applicate the document's effective date on the Department of State's record	Pelot Tyson Rd. Orlando, FL 32832 Pelot Tyson Rd. Orlando, FL 32832 (OPTIONAL)
Registered Agent Karen 1036 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot the date of filing.) Note: If the date inserted in this block does not meet the applicate the document's effective date on the Department of State's record	Pelot Tyson Rd. Orlando, FL 32832 Pelot Tyson Rd. Orlando, FL 32832 (OPTIONAL) t be more than five business days prior to or 90 days after
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ARTICLE VI: Other provisions, if any.	S.
Section 1997	
REOUIRED SIGNATURE:	
Jake En	
(In accordance with section 605.0203 (1) constitutes an affirmation under the pena I am aware that any false information sub-	horized representative of a member. (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true. mitted in a document to the Department of State ded for in s.817.155, F.S.)
Jake Pelot	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Typed or prin	ed name of signee
\$125.00 Filing Fee for Articles of Organization and \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Cees: Designation of Registered Agent AFT 22 FINANCE OF STREET O
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