

L15000093934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

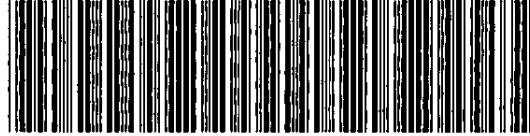
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/28/15--01005--014 **155.00

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2015 MAY 28 PM 3:55
CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 29 2015
D. BRUCE

J & J Osprey Holdings, LLC
130 Corridor Road Unit #33
Ponte Vedra Beach, FL 32004
jlschreiber@me.com - 206-953-8944

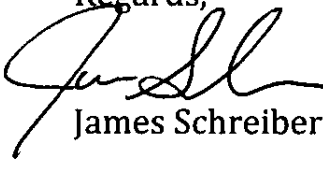
May 26, 2015

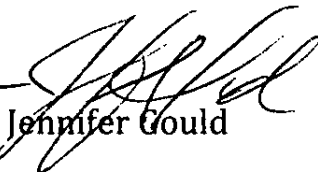
Subject: Filing of Organization and Designation of Registered Agent

To Registration Section Division of Corporations

Attached are the documents necessary to form a Limited Liability Company in the State of Florida and a check for \$155 to cover the filing fees, certified copy and certificate of status. Please let me know should you have any questions on the attached documentation. I can be reached at 206-953-8944 if you have any questions.

Regards,


James Schreiber


Jennifer Gould

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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & J Osprey Holdings, 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:

Jennifer Gould & James Schreiber

Name of Person

Firm/Company

PO Box 33

Address

Ponte Vedra Beach, FL 32004

City/State and Zip Code

jgould22@live.com and/or jlschreiber@me.com

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

For further information concerning this matter, please call:

James Schreiber

206

953-8944

at ()

Name of Person

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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & J Osprey Holdings, 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:

130 Corridor Road Unit 33
Ponte Vedra Beach, FL 32004

PO Box 33
Ponte Vedra Beach, FL 32004

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:

Jennifer Gould

Name

130 Corridor Road Unit 33

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

<u>Ponte Vedra Beach</u>	<u>FL</u>	<u>32004</u>
City	State	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 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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TALLAHASSEE FLORIDA

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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

AMBR

Name and Address:

Jennifer Gould

130 Corridor Road Unit 33

Ponte Vedra Beach, FL 32004

AMBR

James Schreiber

130 Corridor Road Unit 33

Ponte Vedra Beach, FL 32004

(Use attachment if necessary)

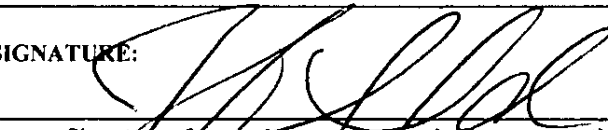
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Jennifer Gould

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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TALLAHASSEE FLORIDA