## 415000130307

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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15 JUL 30 PH 12: 52

EFFECTIVE DATE 08/03/15

1 08/03/15

## **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT:	Jack Brack Holding, LLC		
SUBJECT	y Company		
The enclose	ed Articles of Organization and fee(s)	are submitted f	for filing.
Please retur	n all correspondence concerning this	matter to the fo	llowing:
	Patricia Loy		
	·	Name of I	Person
	Jack Brack Holding, LLC		
		Firm/Con	npany
	2281 Lee Road, Suite 204		
		Addre	ss
	Winter Park, FL 32789		
!	NecoDowney@cfl.rr.com	City/State and	Zip Code
_	E-mail address: (to be us	sed for future ar	nual report notification)
For further in	formation concerning this matter, ple	ease call:	
	Patricia Loy	407	645-1965
•	Name of Person	`	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil		└──Certifie	Siling Fee & Siling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	) I ( 2	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Fallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liabili	ty Company is:			
Jack Brack Holding,				
(Must end	with the words "Limited	d Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	office of the Limit	ed Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Addre	ess:
2281 Lee Road, Suit	ie 204	22	81 Lee Road, Suite 204	
Winter Park, Florida			inter Park, Florida 32789	
APTICLE III D 14 14	1 D 14 1000	0 D 1 / 1 /	4.61	
ARTICLE III - Registered Ag (The Limited Liability Company				lividual or
another business entity with an			i. Tou must designate an mu	ividual of
•		,		
The name and the Florida street	address of the registered	d agent are:		
	Patricia Loy			
	Tatricia Edy	Name	· · · · · · · · · · · · · · · · · · ·	
	2281 Lee Road, Suit			
	Florida street addres	ss (P.O. Box <u>NOT</u>	(acceptable)	
	Winter Park	Florida	32789	
	City	State	Zip	
	_			
Having been named as registered				
place designated in this certificate further agree to comply with the pi				
am familiar with and accept the ol				
TTM V				
Registered Alent's Signature (REQUIRED)				
	Regist	tered Algent's Sign	iature (REQUIRED)	

(CONTINUED)

Page 1 of 2

15 JUL 30 PM 12:

DIVISION OF CORPORATION

A	RT	E	IV.
$\sim$	ĸı	 . P.	1 V -

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Stan Pietkiewicz	
	2281 Lee Road, Suite 204	
	Winter Park, Florida 32789	
AMBR	Dell Assess	
AIVIDK	Dell Avery 2281 Lee Road, Suite 204	
	Winter Park, Florida 32789	
AMBR	Ken Fulmer	
AMBR	2281 Lee Road, Suite 204	
	Winter Park, Florida 32789	
	Willet Park, Florida 32789	
AMBR	Patricia Loy	
THIRDIX	2281 Lee Road, Suite 204	
	Winter Park, Florida 32789	
	Willer Lark, 1 fortula 32707	
(Use attachment if necessary)		
(Ose attachment if necessary)		
APTICLE V. Effective data if other than the date	e of filing: August 3, 2015 . (OPTIONAL)	
	pecific and cannot be more than five business days prior to or 90 days after	
the date of filing.)	recine and cannot be more than five business days prior to or 90 days after	
	meet the applicable statutory filing requirements, this date will not be listed a	
· · · · · · · · · · · · · · · · · · ·	,, , , , , , , , , , , , , , , , , , , ,	
the document's effective date on the Department	of state's records.	
ARTICLE VI: Other provisions, if any.		
,		
	^	
REQUIRED SIGNATURE:		
<u>and the state</u>	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of a m	ember or an authorized representative of a member.	
	ited in accordance with section 605.0203 (1) (b), Florida Statutes.	
	e information submitted in a document to the Department of State	

Patricia Loy

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)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2