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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 AUG 20 AM 10:41
TO BE RETURNED
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DIVISION OF CORPORATIONS
15 AUG 21 PM 1:14

AUG 21 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

August 20, 2015

CORPORATE ACCESS

SUBJECT: J. HOSS DESIGNS, LLC
Ref. Number: W15000055734

We have received your document for J. HOSS DESIGNS, 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):

PLEASE LIST THE OWNER/MANAGERS NAME.

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) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 615A00017585

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DIVISION OF CORPORATIONS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8-20-15

☐ CERTIFIED COPY

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LLC

1. J. Hass Designs, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. HOSS DESIGNS, 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:

JOSH A. SHIELDS

Name of Person

J. HOSS DESIGNS

Firm/Company

437 CARDINAL DRIVE

Address

SATELLITE BEACH, FLORIDA 32937

City/State and Zip Code

HOSSHIELDS79@AOL.COM

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

For further information concerning this matter, please call:

JOSH SHIELDS at (321) 693-8526

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. HOSS DESIGNS, 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:

437 CARDINAL DRIVE
SATELLITE BEACH, FL.
32937

Mailing Address:

437 CARDINAL DRIVE
SATELLITE BEACH, FL. 32937

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:

JOSHUA D. SHIELDS

Name

437 CARDINAL DRIVE

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

SATELLITE BEACH, FL 32937

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Joshua D. Shields

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

OWNER - MANAGER

Name and Address:

Joshua Shields

437 CARDINAL DRIVE

SATELLITE BEACH, FL. 32937

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 21, 2015 (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:

Joshua D. Shields

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

JOSHUA D. SHIELDS

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 21 PM 4:14

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)