L15000/45684

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
DIVISION OF CORPORATION

SECRETARY OF STATE
OF CORPORATION

SECRETARY OF STATE
OF STATE

SECRETARY OF STATE
OF

PHOTIVE DATE 08/17/15

~ 08/31/15

COVER LETTER

TO:

Registration Section

Div	vision of Corporations					
CUDIC/T.	Jesse D Lee LLC					
SUBJECT:	Name of Limited Liability Company					
The enclose	d Articles of Organization and fee(s)	are submitted f	or filing.			
Please return	n all correspondence concerning this	matter to the fo	llowing:			
	Jesse D Lec					
•		Name of P	erson			
	Jesse D Lee LLC		·			
•	Firm/Company					
	1298 herndon ave					
•		Addres	SS .			
	Deltona,FL 32725					
J	essedlee82@gmail.com	City/State and	Zip Code			
	E-mail address: (to be us	sed for future an	nual report notification)			
For further in	formation concerning this matter, ple	ease call:				
	Jesse D Lee	386	868-6702			
-	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is	a check for the following amount:					
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Stiling Fee & \$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	N I C 2	Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:		
ne name of the Limited Liabil	nty Company is.		
Jesse D Lee LLC.			
	with the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")
(-/			,,
RTICLE II - Address:	- 4 J 64bi	effice of the 1 im	ited I inhility Commony is:
he mailing address and street	address of the principal (office of the Lim	ned Liability Company is.
<u>Princi</u>	pal Office Address:		Mailing Address:
1298 herndon ave			1298 herndon Ave
Deltona,FL 32725			Deltona,FL 32725
nother business entity with an The name and the Florida stree	active Florida registration	on.)	ent. You must designate an individual or
	Jesse D Lee		
		Name	
	1298 herndon ave		
	Florida street addres	ss (P.O. Box <u>NC</u>	T acceptable)
	Deltona	FL	32725
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 AUG 24 PH 3: 2

SECRETARY OF STATE OF STATE

	·	rized to manage and control the Limited Liability Company:		
Title:	" = Authorized Member	Name and Address:		
	= Authorized Member = Manager			
MGR	- Manager	Jesse D Lee		
WOK		1298 Herndon Ave		
		Deltona,FL 32725		
AMBR		Takisha Bishandana		
AMBR	·	Tabitha Richardson 1298 Herndon Ave		
		Deltona,FL 32725		
-				
-				
(Use atta	achment if necessary)			
ARTICLE V: Eff	fective date, if other than the date of	filing: 8/17/15		
(If an effective da	ite is listed, the date must be specif	ic and cannot be more than five business days prior to or 90 days aft		
the date of filing.)				
	inserted in this block does not mee feetive date on the Department of S	t the applicable statutory filing requirements, this date will not be listed		
the document's en	nective date on the Department of s	State's records.		
ARTICLE VI: Ot	ther provisions, if any.			
				
· · · · · · · · · · · · · · · · · · ·				
		/		
REOUL	RED SIGNATURE:	\wedge \checkmark		
	N DA	el) N-		
	Signature of a memb	per 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 in	formation submitted in a document to the Department of State		

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Jesse D Lee