

L15000146004

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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L15000050854

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FILED  
15 AUG 28 AM 6:15  
TALLAHASSEE, FLORIDA

SEP 01 2015

R. WHITE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jeavons Concierge Services, 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:

H. Martin Jeavons, III  
Name of Person

Jeavons Concierge Services, LLC  
Firm/Company

3301 8th Ave. N.  
Address

St. Petersburg, Florida 33713  
City/State and Zip Code

99martinj3@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Martin Jeavons, III at (215) 680-6419  
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/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2015

H MARTIN JEAUVONS III  
3301 8TH AVE N  
ST PETERSBURG, FL 33713

SUBJECT: JEAUVONS CONCIERGE SERVICES LLC  
Ref. Number: W15000050854

RECEIVED AUG 2 8 2015

We have received your document for JEAUVONS CONCIERGE SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 915A00015812

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jeavons Concierge Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED  
15 AUG 28 AM 6:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3301 8th Ave. N.  
St. Petersburg, Florida  
33713

Mailing Address:

← Same

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:

H Martin Jeavons, III ~~Jeavons Concierge Services, LLC~~

Name

3301 8th Ave. N.

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

St. Petersburg  
City

FL

33713

Zip

Corrected  
8/25/15

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..

H. Martin Jeavons III

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

**Name and Address:**

MGR - AMBR

H. Martin Jeavons, III  
3301 8th Ave. N.  
St. Petersburg, Florida 33713

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 1, 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.)

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

H. Martin Jeavons III

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.)

H. Martin Jeavons, III

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)**

**\$ .50 Certificate of Status (Optional)**