1500147235

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(
(0)	(0) (7) (0)	
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
•	•	,
	ocument Number)	
00)	cument ivamber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	g	
		

Office Use Only



200276342432

08/26/15---01003---017 **130.00

SEONITARY OF STATE



COVER LETTER A

TO:

Registration Section

Div	vision of Corporations			
SUBJECT:	JJTessier, LLC			
sebauer.		Limited Liabil	ity Company	
The enclose	d Articles of Organization and fee(s)) are submitted	for filing.	
Please return	n all correspondence concerning this	matter to the f	following:	
	Jeffrey Tessicr			
•		Name of	Person	
	JJTessier, LLC			
-	***************************************	Firm/Co	mpany	
	4720A Coquina Key Dr SE		·	
•		Addr	ess	
;	St Petersburg, Fl 33705			
J.	JTessierLLC@gmail.com	City/State an	d Zip Code	
_	E-mail address: (to be us	sed for future a	innual report notification)	
For further in	formation concerning this matter, ple	ease call:		
J 	leffrey Tessier at	727 (641-0443	
	Name of Person	Area Code	Daytime Telephone Numbe	r
Enclosed is	a check for the following amount:			
]\$125.00 Fili	ing Fee \$\frac{1}{\sqrt{130.00 Filing Fee & Certificate of Status}}	L Certifi	ed Copy Certi al copy is enclosed) Certi	.00 Filing Fee, ificate of Status & fied Copy onal 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	15 AU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					 ,
The name of the Limited Liabilit	y Company is:				FI
				15	AUG 2
JJTessier, LLC					
(Must end	with the words "Limite	d Liability Com	pany, "L.L.C.," or "LLC.")		ivi:Tak
ARTICLE II - Address:					
The mailing address and street ac	ldress of the principal	office of the Lim	ited Liability Company is:		
Principa	al Office Address:		Mailing Address	<u>s</u> :	
4720A Coquina Key	Dr SE	•	4720A Coquina Key Dr SE		
St Petersburg, Fl 337			St Petersburg, FI 33705		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Ago		idual or	
The name and the Florida street a	iddress of the registere	d agent are:			
	Jeffrey Tessier				
		Name			
	4720 Coquina Key I	Dr SE, Unit A			
	Florida street addre	ss (P.O. Box <u>NC</u>	OT acceptable)		
	St Petersburg	Fl	33705		
	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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	Laffray Tagaign
MGR	Jeffrey Tessier
	4720 Coquina Key Dr SE, Unit A
	St Petersburg, Fl 33705

(I I	
(Use attachment if necessary)	
ective date is listed, the date must be speci of filing.) the date inserted in this block does not mee	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 c et the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be speci of filing.) the date inserted in this block does not med ment's effective date on the Department of EVI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not be State's records.
ective date is listed, the date must be speci of filing.) The date inserted in this block does not med ment's effective date on the Department of E VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90 c et the applicable statutory filing requirements, this date will not b
ective date is listed, the date must be special filing.) the date inserted in this block does not meanent's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be State's records.
ective date is listed, the date must be special filing.) the date inserted in this block does not meanent's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be State's records.
REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be State's records.
ective date is listed, the date must be special filing.) the date inserted in this block does not ment ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment. This document's executed	et the applicable statutory filing requirements, this date will not be State's records. State's records. State or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
ective date is listed, the date must be special filling.) the date inserted in this block does not ment ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menty of the department of an aware that any false in the control of the co	et the applicable statutory filing requirements, this date will not be State's records.
rective date is listed, the date must be special filing.) the date inserted in this block does not ment ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment. This document's executed I am aware that any false in constitutes a third degree for	et the applicable statutory filing requirements, this date will not be State's records. State's records. For or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
cetive date is listed, the date must be special filing.) the date inserted in this block does not ment ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menty of a menty of a many false in constitutes a third degree for the second of the second	et the applicable statutory filing requirements, this date will not be State's records. State's records. State or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State selony as provided for in s.817.155, F.S.
rective date is listed, the date must be special filing.) the date inserted in this block does not ment ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menty of a menty of a many false in constitutes a third degree for the second of the secon	et the applicable statutory filing requirements, this date will not be State's records. State's records. Typed or printed name of signee
retive date is listed, the date must be special filing.) the date inserted in this block does not ment and the date inserted in this block does not ment and the date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment and the degree of the degree for the date of the date o	et the applicable statutory filing requirements, this date will not be State's records. State's records. For an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
retive date is listed, the date must be specifiling.) the date inserted in this block does not ment and the date inserted in the block does not ment and the date on the Department of the VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment and the degree of the date of the date on the date on the date of the d	et the applicable statutory filing requirements, this date will not be State's records. State's records. Typed or printed name of signee

Page 2 of 2