

# L15000167899

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

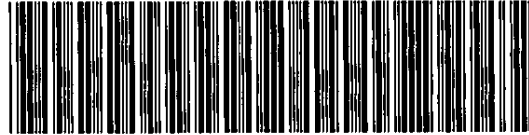
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MASSACHUSETTS

W PAINTER  
OCT 02 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE JARVIS GROUP FLORIDA, 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:

JEFFREY W. JARVIS

Name of Person

THE JARVIS GROUP FLORIDA, LLC

Firm/Company

351 TAYLOR AVENUE, SUITE E9

Address

CAPE CANAVERAL, FLORIDA 32920

City/State and Zip Code

TJG LLC @ YAHOO.COM

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

For further information concerning this matter, please call:

JEFFREY W. JARVIS at ( 321 ) 626-6056

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE JARVIS GROUP FLORIDA, 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:

Mailing Address:

351 TAYLOR AVENUE  
SUITE E9  
CAPE CANAVERAL, FL 32920

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:

JEFFREY W. JARVIS  
Name

351 TAYLOR AVENUE, SUITE E9  
Florida street address (P.O. Box NOT acceptable)  
CAPE CANAVERAL FL 32920  
City 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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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OFFICE OF STATE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

"AMBR"

**Name and Address:**

JEFFREY W. JARVIS  
420 MEREDITH WAY  
TITUSVILLE, FLORIDA 32780

CATHERINE M. YARDANOFF  
420 MEREDITH WAY  
TITUSVILLE, FLORIDA 32780

JEFFREY W. JARVIS II  
FREUDENSTADTSTRASSE 20  
25746 HEIDE, DEUTSCHLAND

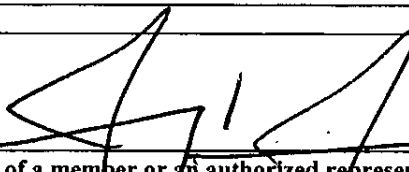
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

**REQUIRED SIGNATURE:**



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.)

JEFFREY W. JARVIS

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)

\$ 5.00 Certificate of Status (Optional)

16 SEP 28 AM 6:20  
CL  
SECRETARY OF STATE  
4000 BOYD AVE  
TALLAHASSEE, FLORIDA 32399-0000