## L15000178461

(Requ	estor's Name	)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number	)
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## **COVER LETTER**

	vision of Corporations	
SUBJECT	JESSAL, LLC	
SUBJECT		mited Liability Company
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.
Please retu	rn all correspondence concerning this n	natter to the following:
	Dean W. Karikas	
		Name of Person
	Karikas and Kasaris, PA	
		Firm/Company
	3643 1st Ave North	
		Address
	St. Petersburg, FL 33713	
	karikas@tampabay.rr.com	City/State and Zip Code
-		d for future annual report notification)
For further in	nformation concerning this matter, plea	se call:
	Julie Karikas	458-6575
		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
<b>√</b> \$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address Naw Filing Section
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JESSAL,	LLC	
	(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
	•229	
TICLE II - Addi e mailing address :	and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
	and street address of the principal office  Principal Office Address:	

The name and the Florida street address of the registered agent are:

Dean W. Karikas		
	Name	
3643 1st Ave N.		
Florida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)
St. Petersburg,	Florida	33713
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Dans W. Marillan
Manager	Dean W. Karikas  3643 1st Ave N
	St. Petersburg, FL 33713
	St. Fetersburg, FL 33/13
Manager	Julie D. Karikas
	1033 Central Ave.
	St. Petersburg, FL 33705
	5.0000000000000000000000000000000000000
	<u></u>
	<del></del>
V: Effective date, if other than the tive date is listed, the date must b filing.)	date of filing: October 8, 2015  e specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
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