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## **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT:	JR Global Unlimited, LLC
SODSECT.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Joseph Fonseca
•	Name of Person
	JR Global Unlimited, LLC
•	Firm/Company
	85 Catalina Isle Dr.
•	Address
	Merritt Island, FL 32953
•	City/State and Zip Code
<u>J</u> .	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	loseph Fonseca 321 917-8746
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional copy is enclosed)} } \text{ \$\ \text{Certified Copy (additional 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

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The name of the Limited Liability Company is:

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

### **ARTICLE 11 - Address:**

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

## **Principal Office Address:**

### Mailing Address:

85 Catalina Isle Dr.	85 Catalina Isle Dr.
Merritt Island, FL 32953	Merritt Island, FL 32953

# 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:

	Name	
85 Catalina Isle Dr.		
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Merritt Island	FL	32953

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 perition as registered agent of provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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SECULIARY OF STATE
SECULIARY OF STATE

MBR" = Authorized M IGR" = Manager MBR		Joseph Fonseca 85 Catalina Isle Dr.	
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WIDK	· -	85 Catalina Isle Dr.	
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	•	Merritt Island, FL 32953	-
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