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(Re	equestor's Name)	
(Ac	idress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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15 OCT 19 AMII: 15

SECTION OF STATE
ALLAMASSEE FLORIDA

OCT 2 2015

S. GILBERT

COVER LETTER

TO:

Registration Section

Div	vision of Corporations			
SUBJECT:	Jupiter Screens LLC	,		
		of Limited Liabil	ity Company	
The enclose	d Articles of Organization and fed	e(s) are submitted	l for filing.	
Please return	n all correspondence concerning t	his matter to the f	following:	
	Joshua Roberson			
-		Name of	Person	
	Jupiter Screens LLC			
-		Firm/Co	ompany	
	118 Pineview Rd			
-		Addr	ress	
	Jupiter, Florida 33469			
al	llguttersystemsllc@gmail.com	City/State an	nd Zip Code	
_		e used for future a	annual report notification)	
For further in	formation concerning this matter,	please call:		
J	oshua Roberson	561 at (935-7450	
_	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount	:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee Certificate of State	us LLCertifi	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section	
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	Tallahassee FI 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability			
or are issuared islaning	Company is:		15 OCT 19 AM 1/
			15 OCT 10
Jupiter Screens LLC			
(Must end wi	ith the words "Limited	I Liability Company, '	'L.L.C.," or "LLC.")4 THASSEE FLOTA
ARTICLE II - Address:			WASSEE. FI S.
The mailing address and street add	fress of the principal c	ffice of the Limited L	iability Company is:
Pod od o 1	0.00		N
rincipal	Office Address:		Mailing Address:
118 Pineview Rd			neview Rd
Jupiter, FL 33469		<u>Jupiter</u>	, FL
he name and the Florida street ad	Ashley Mahoney	1 agent are:	
		Name	
	118 Pineview Rd		
		s (P.O. Box <u>NOT</u> acc	eptable)
		s (P.O. Box <u>NOT</u> acc Florida	eptable) 33469
	Florida street addres	· · · · · · · · · · · · · · · · · · ·	•
aving been named as registered ag ace designated in this certificate, I	Florida street addres Jupiter City rent and to accept service hereby accept the approxisions of all statutes re	Florida State ice of process for the a ointment as registered elating to the proper a	33469 Zip bove stated limited liability company at the agent and agree to act in this capacity. Ind complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Men	ider
MGR" = Manager AMBR	Joshua Roberson
MBK	118 Pineview Rd
	Jupiter, FL 33469
	Jupiter, FL 33409
V: Effective date, if other tive date is listed, the date filing.) ne date inserted in this bloc	must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date filling.) he date inserted in this bloc ent's effective date on the l	man the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not Department of State's records.
V: Effective date, if other of the date is listed, the date filing.) the date inserted in this blocent's effective date on the list of the list of the provisions, if any	man the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not Department of State's records.
V: Effective date, if other of the date is listed, the date is listed, the date filing.) the date inserted in this blockent's effective date on the list. VI: Other provisions, if any	must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not Department of State's records.
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V: Effective date, if other tetive date is listed, the date filing.) he date inserted in this blocent's effective date on the left. VI: Other provisions, if any Signature This document am aware to	must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not department of State's records.
V: Effective date, if other of the date is listed, the date ifiling.) he date inserted in this blocent's effective date on the left. VI: Other provisions, if any REOUIRED SIGNATURE Signature This document am aware to constitutes a	must be specific and cannot be more than five business days prior to or 90 to does not meet the applicable statutory filing requirements, this date will not be partment of State's records. ure of a member or an authorized representative of a member. Int is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Interest and false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
V: Effective date, if other of ctive date is listed, the date ifiling.) he date inserted in this blockent's effective date on the law. VI: Other provisions, if any REOUIRED SIGNATURE Signature This documed I am aware to constitutes a	must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not be partment of State's records. ure of a member or an authorized representative of a member. Int is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Int any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.

ARTICLE IV-