## 15/10/192959

(Re	equestor's Name)				
(Ac	Idress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	:#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies Certificates of Status		of Status			
Special Instructions to Filing Officer:					

Office Use Only



400278883344

11/09/15--01016--005 \*\*125.00

15 NOV -9 AN 12: 23

mD 11/18

## **COVER LETTER**

	ivision of Corporations					
SUBJECT	JCB DESIGNS LLC					
SUBJECT		imited Liabil	ity Company			
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.			
Please retu	rn all correspondence concerning this	matter to the f	ollowing:			
	JOSEPH C BERGERON					
	Name of Person					
		Firm/Co	mpany			
	2503 NE SAGE ROAD	Tillibeo	шршу			
	Address					
	MAYO, FL 32066					
		City/State an	d Zip Code			
-	E-mail address: (to be us	ed for future a	nnual report notification)			
For further in	nformation concerning this matter, ple	ase call:				
	JOSEPH C BERGERON	727	599.7546			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is	s a check for the following amount:					
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	∟ Certifi	200 Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address  New Filing Section  Division of Corporations		Street Address New Filing Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tailahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Lial	bility Company is:		7.
JCB DESIGNS L	LC		<u>*</u>
(Must e	nd with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	7,000
ADTICLE II ALI			i.
ARTICLE II - Address:	et address of the principal	office of the Limited Liability Company is:	
The maining address and sire	et address of the principal	office of the Emitted Elability Company is.	
<u>Prin</u>	cipal Office Address:	Mailing Address:	40807 40807 40807
2503 NE SAGE I	POAD	2503 NE SAGE ROAD	¥.
2503 NE SAGE ROAD MAYO, FL 32066			
MATO, 12 3200	30	MAYO, FL 32066	
MATO, 12 3200		MATO, FL 32000	. <u>-</u>
ARTICLE III - Registered	Agent, Registered Office any cannot serve as its ow an active Florida registrati	e, & Registered Agent's Signature:  In Registered Agent. You must designate an individuion.)  ed agent are:	ual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office any cannot serve as its ow an active Florida registrati	e, & Registered Agent's Signature:  In Registered Agent. You must designate an individuion.)  ed agent are:	ual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office any cannot serve as its ow an active Florida registratiet address of the registere JOSEPH C. BERGI	e, & Registered Agent's Signature:  /n Registered Agent. You must designate an individuation.)  ed agent are:  ERON  Name	ual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office any cannot serve as its ow an active Florida registrati eet address of the registere  JOSEPH C. BERGI	e, & Registered Agent's Signature:  /n Registered Agent. You must designate an individuation.)  ed agent are:  ERON  Name	ual or

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	JOSEPH C. BERGERON	
MGR	2503 SE SAGE ROAD	<del></del>
	MAYO, FL 32066	<u> </u>
	MATO,1L 32000	5 NOV -
		9
		4
**************************************		
		_ <u>;</u>
		<del>- 122 -</del> No
		<u>و</u> پزت
	<del> </del>	
(Use attachment if necessary)		
(000 0000000000000000000000000000000000		
CLE V: Effective date, if other than the da	te of filing: 11.05.2015 (OPTION	AL)
effective date is listed, the date must be s	pecific and cannot be more than five business days prio	r to or 90 days a
ite of filing.)		
	meet the applicable statutory filing requirements, this da	te will not be liste
cument's effective date on the Departmen	it of State's records.	
CLE VI: Other provisions, if any.		
The Guide provisions, it any.		

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOSEPH C. BERGERON

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)