L60001523

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2015

AGNE S KALO 3946 ALPERT DRIVE ORLANDO, FL 32810

SUBJECT: JUBILEE ENTERPRISES, INC.

Ref. Number: W15000068882

We have received your document for JUBILEE ENTERPRISES, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

JUBILEE ENTERPRISE LLC is not available.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 315A00026768

Tyrone Scott Regulatory Specialist II

SECRIFICATION TO THE CENTED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tubile LLC Name of Limited Liability Company
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:
Agnes Kalo Name of Person
Firm/Company
• •
3946 Alpert drive
City/State and Zip Code Agnes Calo O Instrucial. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Agnes Kaw at (321) 250 096 y Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:	\$.		
<u> </u>	bileeAna	人上C・ 2m5を Liability Comp	any, "L.L.C.," or "LLC.")	The last state of the last sta
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limi	ited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ss</u> :
3946 Alp	ert drive FL 32813	<u> </u>	3946 Alact	drive 1 32310
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Age		vidual or
The name and the Florida street	address of the registered	agent are:		
	Agres 1	Kalo Name		
	3946 A) Florida street address	クレナ (P.O. Box NO	T acceptable)	
	orkado	fr	32810	
	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)

Zip

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Agnes Kalo (AMBR). 3946 Alpert days Grando PL 32510.		
date of filing.)	e date of filing: 10-12-15- (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a		
document's effective date on the Depart	ment of State's records.		
TICLE VI: Other provisions, if any.			
REOUIRED SIGNATURE:			
	Hearton.		
This document is I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.		
Agne	Typed or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

3946 Alpert drive Orlando fl 32810 01/02/2016.

Ref: W15000068882.

I will like to Continue with the filling as Jubilee Amer CCC.

Thomk Jon Agnes Kels 3212800964 CAKerly