L1600002988

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
•		·
PICK-UP	WAIT	MAIL
/P.	siness Entity Nar	
(bu	siness Enuty Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
•		
		İ
		

Office Use Only



200281627982

02/03/16--01011--014 **130.00

SECKETARY OF STATE
ONVISION OF CORPORATIONS

FEB 3 2016 S. Program.

COVER LETTER

	Division of Corporations	
SUBJECT	Enfinite Enterprise LLC	
SOBJEC.		ne of Limited Liability Company
The enclo	sed Articles of Organization and	fee(s) are submitted for filing.
Please ret	urn all correspondence concernin	g this matter to the following:
	Jarvis Watson	
		Name of Person
	Enfinite Enterprise LLC	
		Firm/Company
	3620 Bridgewood Drive	
		Address
	Jacksonville, Florida 32277	
	jarvisjwatson@gmail.com	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further	information concerning this matt	er, please call:
	Jarvis Watson	904 7078405 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amou	int:
]\$125.00 F	Filing Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7

ARTICLE I - Name: The name of the Limited Liability	/ Company is:			
The name of the Emilian Blacking	, company to			
Enfinite Enterprise LI	LC			
(Must end v	vith the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal of	ffice of the Limit	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	FER
9951 Atlantic Blvd			20 Bridgewood Drive	
Suite 116	15	<u>Ja</u>	cksonville, FL 32277	
Jacksonville, FL 3222				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agen	gent's Signature: t. You must designate an individual or	GORPURATIONS 3 PH 4: 22
The name and the Florida street a	ddress of the registered	l agent are:		
	Jarvis Watson			
		Name		
	3620 Bridgewood Dr	ive		
	Florida street address	s (P.O. Box NO)	acceptable)	
	Jacksonville	Florida	32277	
	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..

(CONTINUED)

Degistered Agent's Signature (REQUIRED)

Page 1 of 2

$\frac{\text{Title:}}{\text{"AMBR"}} = A$	authorized Member	Name and Address:
"MGR" = Ma		
MGR		Jarvis Watson
		3620 Bridgewood Drive
		Jacksonville, FL 32277
MGR		Rashad Taylor
		4401 Ken Knight Drive
		Jacksonville, FL 32209
		ത ന
		
EV: Effectiv		e of filing: January 29th, 2016 (OPTIONAL)
EV: Effective date is of filing.) The date inserment's effecti	re date, if other than the date listed, the date must be sp rted in this block does not a ve date on the Department	e of filing: January 29th, 2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date is of filing.) The date inserment's effecti	re date, if other than the date listed, the date must be sp rted in this block does not	e of filing: January 29th, 2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date is of filling.) The date inserment's effective E VI: Other p	re date, if other than the date listed, the date must be sported in this block does not be date on the Department provisions, if any.	e of filing: January 29th, 2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date is of filling.) the date inserment's effecti	re date, if other than the date listed, the date must be sported in this block does not be date on the Department provisions, if any.	e of filing: January 29th, 2016 Decific and cannot be more than five business days prior to or 90 of the model of State's records.
E V: Effective date is of filling.) the date inserment's effecti	re date, if other than the date listed, the date must be specified in this block does not be date on the Department provisions, if any. Signature of a man This document is executed an aware that any false.	e of filing: January 29th, 2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date is of filing.) the date inserment's effecti	re date, if other than the date listed, the date must be specified in this block does not be date on the Department provisions, if any. Signature of a man This document is executed an aware that any false.	e of filing: January 29th, 2016 need the applicable statutory filing requirements, this date will not of State's records. The state of a member of state of a member of a

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)