

W160000061602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-16855

Office Use Only



700282441797

02/25/16--01021--005 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 21, AM 10:10

APPROVAL
AND
FILED

MAR 24 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2016

MICHAEL WILSON ***2nd Attempt***
C/O 935 SCHOOL STREET
COCOA, FL 32922

SUBJECT: JERK FLAVAS
Ref. Number: W16000016855

We have received your document for JERK FLAVAS 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 of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 716A00004652

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JEERK FLAVAS
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:

Paulette Wilson
Name of Person

JEERK FLAVAS
Firm/Company

2297 River Park Circle
Address

Orlando, Florida 32817
City/State and Zip Code

JEERKFLAVASRESTAURANT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulette Wilson (954) 242-9625
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2016

PAULETTE WILSON
2297 RIVER PARK CIRCLE
ORLANDO, FL 32817

SUBJECT: JERK FLAVAS
Ref. Number: W16000016855

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

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Stacy Prather
Regulatory Specialist III

Letter Number: 716A00004652

RECEIVED

16 MAR 21 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEAK FLAVAS "LLC"

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

ARTICLE II - Address:

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

Principal Office Address:

935 SCHOOL ST
CO COA FL 32922

Mailing Address:

2297 RIVER PARK CIRCLE
APT 1221
ORLANDO, FL 32817-4854

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:

Paulette Wilson

Name

2297 RIVER PARK CIRCLE, APT 1221

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32817-4854

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..

Paulette Wilson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 24 AM 10:10

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Michael Wilson
2297 River Park Circle
Orlando, FL 32817

(Use attachment if necessary)

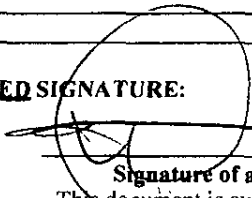
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Michael Wilson

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)

SECRETARY OF STATE
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16 MAR 24 AM 10:10

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