

L16000076467

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MAIL

(Business Entity Name)

(Document Number)

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04/15/16--01006--011 **130.00

10/20/2000 10:20:00

 04/20/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Jubies LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Shawn Baker

Name of Person

Good Jubies LLC

Firm Company

235 N Wild Olive Ave

Address

Daytona Beach, FL 32118

City/State and Zip Code

Shawn@goodjubies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Baker

386

2659324

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Good Jubies 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:

795 Peninsula Dr
Ormond Beach, FL 32176

Mailing Address:

235 N Wild Olive Ave
Daytona Beach, FL 32118

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:

Tammie Baker

Name

235 N Wild Olive Ave

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

<u>Daytona Beach</u>	<u>FL</u>	<u>32118</u>
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.

Tammie Baker
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Chris Morris

Name and Address:

121 Park Blvd

New Smyrna Beach, FL 32168

Lena Damirano

795 Peninsula Dr

Ormond Beach, FL 32176

Lisa Hupf

1516 Casey Lane

Port Orange, FL 32129

Shawn Baker

795 Peninsula Dr

Ormond Beach, FL 32176

(Use attachment if necessary)

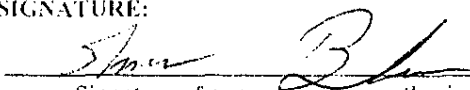
ARTICLE V: Effective date, if other than the date of filing, _____ (OPTIONAL)

(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.

Shawn Baker

Typed or printed name of signer

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)

16 APR 17 PM 2:28
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA