

From: Dixie Kennedy

(Fax: (888) 695-0898

To: 8508176381@rcfax.com Fax: +18508176381

File: 1 5 05 31/2016 12:45

L16000104936

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000132884 3)))



H160001328843ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617- 6381

From

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : 120000000291
Phone : (407) 847- 7466
Fax Number : (407) 847- 6641

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: taxes@sbc-cpa.com

RECEIVED

16 MAY 31 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Jay Home Servicing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

16 MAY 31 AM 9:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

(((H16000132884 3)))

Eric & Tracy Jay
PO Box 23
Apopka, FL 32704

May 23, 2016

Florida Department of State
Division of Corporation

RE: Jay Home Servicing, Inc. Document Number: P05000139821

To Whom It May Concern:

We are the 100% owners and only officers of Jay Home Servicing, Inc. Document Number: P05000139821.

We will not be reinstating Jay Home Servicing, Inc. Document Number: P05000139821.

We would like to setup a new LLC using the name Jay Home Servicing, LLC.

Sincerely,


Eric Jay
President


Tracy Jay
Vice President

(((H16000132884 3)))

(((H16000132884 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jay Home Servicing, LLC
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:

Candy McDonah

Name of Person

Swart Baumruk & Company, LLP

Firm/Company

1101 Miranda Lane

Address

Kissimmee, FL 34741

City/State and Zip Code

taxes@sbc-cpa.com

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

For further information concerning this matter, please call:

Candy McDonah

at (407)

847-7466

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

(((H16000132884 3)))

(((H16000132884 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jay Home Servicing, 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:**Mailing Address:**1101 Miranda LanePO Box 23Kissimmee, FL 34741Apopka, FL 32704**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:

Swart Baumruk & Company, LLP

Name

1101 Miranda LaneFlorida street address (P.O. Box **NOT** acceptable)Kissimmee, FL 34741

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)

(CONTINUED)

Page 1 of 2

(((H16000132884 3)))

16 MAY 31 AM 9:00

RECEIVED
STATE TALLY OF STATE
DIVISION OF CORPORATIONS

(((H16000132884 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

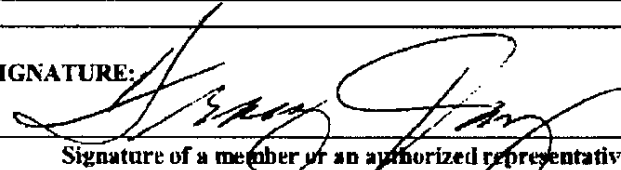
"MGR" = Manager

AMBR**Name and Address:**Eric JayPO Box 23Apopka, FL 32704AMBRTracy JayPO Box 23Apopka, FL 32704

(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.Tracy Jay

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)

(((H16000132884 3)))