L16000116446

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500286690705

06/14/16--01013--016 **125.00

EFFECTIVE DATE 06/07/16

2 06/21/16

COVER LETTER

	egistration S vision of Co	Section orporations		
SUBJECT	: JNLT H	oldings, LLC. Name of Lin	nited Liability Company	
		of Organization and fee(s) are	_	
		Nicholas Mattia and Jer	remy Bagenstose	
			Name of Person	
	JI	NLT Holdings, LLC		
			Firm/Company	
	1752	Oak Pond Ct		
			Address	
	0	dsmar, FL 34677		
			ity/State and Zip Code	
-	ji	nltholdings@gmail.com	6-6-6	
			for future annual report notificat	tion)
For further in	nformation c	oncerning this matter, please	e call:	
	Nicholas	s Mattia at (2	39) 248-3116	
	Na	me of Person A	rea Code Daytime Telephor	ne Number
Enclosed is	a check for	the following amount:		
\$125.00 Fil	ling 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)
	Maili	ng Address	Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:		
JNLT H	loldings, LLC		
(Must end v	vith the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of t	ne Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
1752 Oak Pond C	t, Oldsmar, FL. 34677	1752 Oak Pond Ct, Oldsmar, FL. 34677	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad-	cannot serve as its own Register ctive Florida registration.)	ed Agent. You must designate an individual or	
The hame and the Florida street a	-	c.	
	Jeremy Bagenstose		
	Name		
	1748 Oak Pond Ct		
	Florida street address (P.O. B	ox NOT acceptable)	
	Oldsmar, FL. 34677		

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized M "MGR" = Manager	Mame and Address: ember	
Mgr		
	Nicholas Mattia 1752 Oak Pond Ct, Oldsmar, FL. 34677	
Mgr	Jeremy Bagenstose 1748 Oak Pond Ct, Oldsmar, FL. 34677	
(11 1 6		
effective date is listed, the date of filing.) If the date inserted in this ble	r than the date of filing: 6/7/16 (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 book does not meet the applicable statutory filing requirements, this date will not	٠
CLE V: Effective date, if othe effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the	than the date of filing: 6/7/16 (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 bek does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	٠
CLE V: Effective date, if othe effective date is listed, the date of filing.) If the date inserted in this ble becument's effective date on the CLE VI: Other provisions, if a REOUIRED SIGNATURE	r than the date of filing:	٠
CLE V: Effective date, if othe effective date is listed, the date of filing.) If the date inserted in this ble becument's effective date on the CLE VI: Other provisions, if a REOUIRED SIGNATURE Sign This document is am aware.	r than the date of filing:	٠
CLE V: Effective date, if othe effective date is listed, the date of filing.) If the date inserted in this ble ocument's effective date on the CLE VI: Other provisions, if a REQUIRED SIGNATURE Sign This document am aware of the effective date.	than the date of filing:	٠

as

ARTICLE IV-

Page 2 of 2

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