

L16000124809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/16--01044--010 **100.00

FILED
16 JUL -6 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sam
7/7

Florida Department of State
Division of Corporations
New Filing Section c/o Kathy Ashton
P.O. Box 6327
Tallahassee, FL 32314

Peter Varga
JEV Enterprises LLC
14288 Creekbed Circle
Winter Garden, FL 34787 ~

Hello Ms. Ashton,

As per our conversation earlier this week, please apply our original \$100 application fee towards the enclosed application for JEV Enterprises. I have also included a check for the amount of \$25.00 to make up the difference. At this time we do not wish to reinstate our previous LLC (Reference L133000109883). I have enclosed all the required documents as you requested. If you have any further questions, please do not hesitate to contact me.

Sincerely,

Peter Varga

407.234.7216



06/29/2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2016

GENESIS PURE LIFE, LLC
14288 CREEKBED CIRCLE
WINTER GARDEN, FL 34787

SUBJECT: GENESIS PURE LIFE, LLC
Ref. Number: L13000109883

We have received your document for GENESIS PURE LIFE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2014 through 2016; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

There is a balance due of \$416.25. If a certificate of status is desired, please add an additional \$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Regulatory Specialist II

Letter Number: 816A00009110

- Complete Articles of Organization
- mail. - reject letter
- personal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JEV Enterprises, 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:

Peter Varga

Name of Person

JEV Enterprises

Firm/Company

14288 Creekbed Circle

Address

Winter Garden/Florida 34787

City/State and Zip Code

petervarga14@gmail.com

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

For further information concerning this matter, please call:

Peter Varga 407 234.7216
at ()
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:

JEV Enterprises, 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:

14288 Creekbed Circle

Winter Garden, Fl

34787

Mailing Address:

14288 Creekbed Circle

Winter Garden, Fl

34787

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:

Peter Varga

Name

14288 Creekbed Circle

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

Winter Garden

Fl

34787

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)

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16 JUL -6 AM 8:57
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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Peter Varga

14288 Creekbed Circle

Winter Garden, FL 34787

Kimberly Jo Varga

14288 Creekbed Circle

Winter Garden, FL 34787

(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.

Peter Varga

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)