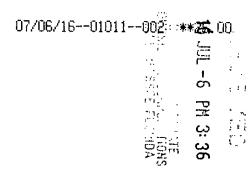
L1600124809

(Requestor's Name)	
(Address)	_
(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:	7
•	
·	l





200287512102



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



Jen 1

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

	Registration Section Division of Corporations		
SURIFC	JEV Enterprises, LLC		
SUBSEC	Name of I	imited Liability (Company
The enclo	sed Articles of Organization and fee(s)	are submitted for	filing.
Please reti	urn all correspondence concerning this	matter to the follo	owing:
	Peter Varga		
		Name of Per	son
	JEV Enterprises		
		Firm/Compa	any
	14288 Creekbed Circle		
		Address	
	Winter Garden/Florida 34787		
	petervarga14@gmail.com	City/State and Z	ip Code
	E-mail address: (to be us	ed for future annu	ual report notification)
For further	information concerning this matter, ple	ase call:	
	Peter Varga	407 2	34.7216
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
5 125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified (Siling Fee & Siling Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		<u>eet Address</u> w Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Div Cli	vision of Corporations flon Building St Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IDM D	_					
JEV Enterprises, LLO		I Linkility Commen	ıy, "L.L.C.," or "LLC.")	*		
(Must end	with the words Limited	Liability Compan	iy, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limite	d Liability Company is:			
Princip	al Office Address:		Mailing Addre	<u>:ss</u> :		
14288 Creekbed Circ	ele	142	288 Creekbed Circle			
Winter Garden, Fl		Wi	nter Garden, Fl			
34787	· · · · · · · · · · · · · · · · · · ·	34	787			
The name and the Florida street	address of the registered	d agent are:			16 JUL •	40 - 1700 2 4 - 1 - 1460
	14288 Creekbed Circ	ele .		42	ς.	
	Florida street addres	····	acceptable)	Market Services Market Ma Market Market Market Market Market Market Market Market Ma Market M		į f
	Winter Garden	Fl	34787	70 T#	က် ထိ	المربع رحا
	City	State	Zip	<u>j</u>	Ü	
laving been named as registered of lace designated in this certificate, wither agree to comply with the pi in familiar with and accept the ob	I hereby accept the app rovisions of all statutes r	ointment as registe	red agent and agree to act it er and complete performance	n this capacity. e of my duties, a	I	

Page 1 of 2

Varga Creekbed Circle Garden, FL 34787 rly Jo Varga Creekbed Circle Garden, FL 34787
Creekbed Circle Garden, FL 34787 rly Jo Varga Creekbed Circle Garden, FL 34787
Creekbed Circle Garden, FL 34787 rly Jo Varga Creekbed Circle Garden, FL 34787
Garden, FL 34787 rly Jo Varga Creekbed Circle Garden, FL 34787
rly Jo Varga Creekbed Circle Garden, FL 34787
Creekbed Circle Garden, FL 34787
Creekbed Circle Garden, FL 34787
Garden, FL 34787
· · · · · · · · · · · · · · · · · · ·
e statutory filing requirements, this date will no
orized representative of a member.
orized representative of a member. with section 605.0203 (1) (b), Florida Statutes
orized representative of a member. with section 605.0203 (1) (b), Florida Statutes nitted in a document to the Department of State ed for in s.817,155, F.S.
with section 605.0203 (1) (b), Florida Statutes nitted in a document to the Department of State ed for in s.817.155, F.S.
with section 605.0203 (1) (b), Florida Statutes nitted in a document to the Department of State
with section 605.0203 (1) (b), Florida Statutes nitted in a document to the Department of State ed for in s.817.155, F.S.
t s