## L16000139838

| (Requestor's Name)                      |
|---|
| (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: |
|   |
|   |
|   |





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07/05/16--01030--005 \*\*130.00



JUL 2017

S. GILBERT

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: JTG Vending LL 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:   |
| John T. Giles<br>Name of Person   |
| L+J Vending Firm/Company  |
| . •   |
| 9187 S.W. 18th Street   |
| Address Boca Raton, Fl. 33428  City/State and Zip Code Tomsharon 123@gmail. Com   |
| City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Thomas Giles at 941 321-6653  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1 74

| ARTICLE I - Name: The name of the Limited Liability Company is:  | 18: no  |
|--|---|
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  | 16 JUL -5 AM 8:09                             |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  | 10,1  |
| Principal Office Address: Mailing Addr   | <u>'ess</u> :                                 |
| BOCARATON, FL 33428  |   |
| 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 incanother business entity with an active Florida registration.)   | dividual or                                   |
| The name and the Florida street address of the registered agent are:   |   |
| John T. Giles  |   |
| Name   |   |
| 9187 S.W. 1872 Street  |   |
| Florida street address (P.O. Box NOT acceptable)   |   |
| Buca Raton, Fl 33428   |   |
| City State Zip   |   |
| Having been named as registered agent and to accept service of process for the above stated limited liable place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performant am familiar with and accept the obligations of my position as registered agent as provided for in Chapter | in this capacity. I<br>ce of my duties, and I |
| Ju Dels  |   |
| Registered Agent's Signature (REQUIRED)  |   |
| (CONTINUED)  |   |

Page 1 of 2

| <b>Title:</b><br>"AMBR" = Authorized Men   | Name and Address:  |
|--|--|
| "MGR" = Manager  | ider   |
| AMBR   | John T. Giles  |
|  | 9187 S.W. 18th Street  |
|  | Boca Raton, Fl. 33428  |
| MGR  | Thomas D. Giles  |
|  | 4044 Martield Dr E   |
|  | Bradenton, F/. 34203   |
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| Use attachment if necessary  |  |
| EV: Effective date, if other to ctive date is listed, the date of filing.)   | han the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 da   |
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ARTICLE IV-