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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
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Fax Number : (305) 633-9696

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

16 JUL 19 PM 4:54

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CJC FUNDING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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(4)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJC FUNDING, 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:

CARLOS GARCIA, ESQ,

Name of Person

Carlos Garcia P.A.

Firm/Company

500 South Dixie Highway Suite 202

Address

CORAL GABLES, FL 33146

City/State and Zip Code

CARLOS@CGPALAW.COM

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

For further information concerning this matter, please call:

CARLOS GARCIA, ESQ, at 305 7792479

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

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 20, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: CJC FUNDING, LLC
REF: W16000050341

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

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H16000173741
Letter Number: 016A00015172

P.O BOX 6327-- Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJC FUNDING, 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:

500 South Dixie Hwy
Suite 202
Coral Gables, FL 33146

500 SOUTH DIXIE HIGHWAY SUITE 202, CORAL GABLES FL 33146

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:

CARLOS GARCIA, ESQ.

Name

500 S. DIXIE HWY, SUITE 202

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

CORAL GABLES,

FL 33146

City

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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16 JUL 19 PM 4:58
CLERK OF DISTRICT COURT
JULIA M. SHERIDAN
TALLAHASSEE, FLORIDA

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

"AMER" = Authorized Member
"MGR" = Manager
"MGR"

CARLOS GARCIA
500 SOUTH DIXIE HIGHWAY SUITE 202 CORAL GABLES FL 33146

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.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.133, F.S.)

Carlos GARCIA

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)

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CORPUSA

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07/20/2016