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PICK-UP	☐ WAIT	MAIL
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16 JUL 14 MM 8: 10

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	JEC Sales, LLC T:		.•
5 0201 0		of Limited Liabi	lity Company
The enclo	osed Articles of Organization and fee((s) are submitted	d for filing.
Please ret	turn all correspondence concerning th	is matter to the	following:
	Janelle Chasse		
		Name o	f Person
		Firm/Co	ompany
	2382 Robyn Ct		
		Add	ress
	Dunedin, FL 34698		
	janellechasse@yahoo.com	City/State ar	nd Zip Code
		used for future	annual report notification)
For further	information concerning this matter, p	olease call:	
	Janelle Chasse	954 at (7400311
	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 Statu	s LCertif	00 Filing Fee & \$160.00 Filing Fee, lied Copy lack copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle

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:			,
JEC Sales, LLC				
(Must end w	ith the words "Limit	ed Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad-	dress of the principa	office of the L	imited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
2382 Robyn Ct			2382 Robyn Ct	
Dunedin, FL 34698			Dunedin, FL 34698	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its ov	vn Registered A	d Agent's Signature: gent. You must designate an individu	ual or
The name and the Florida street a	ddress of the register	ed agent are:		
	Janelle Chasse			
		Name		
	2382 Robyn CT			
	Florida street addr	ess (P.O. Box 1	IOT acceptable)	
	Dunedin	FL	34698	

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..

City

(CONTINUED)

State

Zip

Page 1 of 2

Registered Agent's Signature (REQUIRED)

TO JUL 14 AM 8: 10

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR AMBR (JC)	Janelle Chasse
	2382 Robyn Ct
	Dunedin, FL 34698
	·
Tective date is listed, the date must be spe	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not m	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mument's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed a may aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.) If the date inserted in this block does not mannent's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menument of the document is executed an aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State