

L16000154615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

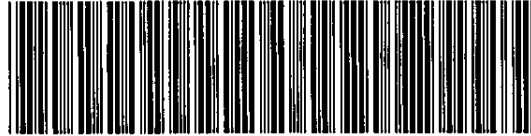
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/16--01008--009 **125.00

RECEIVED
16 AUG -5 AM 9:00
SECRETARY OF STATE
FALLAHASSER, FLORIDA

7/14
8/19/16

1616-51345



RECEIVED

16 AUG -5 PM 3:47

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2016

GEORGE E. THOMPSON
PO BOX 94
TITUSVILLE, FL 32782

SUBJECT: GJ ENTERPRISES, L.L.C.
Ref. Number: W16000051345

We have received your document for GJ ENTERPRISES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000079776 (G & J ENTERPRISES, LLC).

THE ARTICLES OF ORGANIZATION ARE MISSING. I'VE INCLUDED THEM IF NEEDED OR YOU CAN FILL OUT THEN PRINT FROM "FORMS" TAB ON WEBSITE.

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.

-TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 216A00015439

16 AUG -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

61439

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GJT 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:

George E. Thompson

Name of Person

GJT Enterprises, LLC

Firm/Company

3445 Fox Lake Rd

Address

Titusville, Florida 32780

City/State and Zip Code

ge.thompson@yahoo.com

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

For further information concerning this matter, please call:

George Thompson

321

615-8613

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:

GJT 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:

Mailing Address:

3445 Fox Lake Rd

Titusville, Florida 32780

P. O. Box 94

Titusville, Florida 32782

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:

George E Thompson

Name

3445 Fox Lake Rd

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

Titusville

Florida

32780

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)

16 AUG -5 AM 9:00
SECRETARY OF STATE
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

Name and Address:

MGR

George E Thompson
3445 Fox Lake Rd
Titusville, Florida 32780

MGR

Lore J. Thompson
3445 Fox Lake Rd
Titusville, Florida 32780

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 08/01/2016. (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.

George E. Thompson

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)

SECRETARY OF STATE
TELEPHONE UNIT
16 AUG -5 AM 9:00