

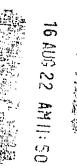
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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07/27/16--01028--016 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

JAMES MARTIN 8700 N WHITTIER ST TAMPA, FL 33617

SUBJECT: JIM'S TRIM, LLC Ref. Number: W16000054144

We have received your document for JIM'S TRIM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

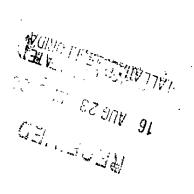
The second page of the Articles of Organization were not included.

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

Letter Number: 716A00016473



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Lia	ability Company is:		
Jim's Trim, LLC		mited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the princ	ipal office of the L	imited Liability Company is:
<u>Pri</u>	ncipal Office Address	:	Mailing Address:
8700 North Whi Tampa FL 330			8700 North Whittier Street Tampa FL 33617
ARTICLE III - Registered (The Limited Liability Companother business entity with	pany cannot serve as its	own Registered A	d Agent's Signature: Agent. You must designate an individual or
The name and the Florida st	reet address of the regis	stered agent are:	
	James Martin		
		Name	
	8700 North Wh	ittier Street	
	Florida street ac	ddress (P.O. Box 🛚	NOT acceptable)
	Tampa	FL	33617

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

Registered Agent's Signature (REQUIRED)

State

Zip

Page 1 of 2

(CONTINUED)

16 AUG 22 AM II: 50

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	James Martin
	8700 North Whittier Street
	Tampa FL 33617
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) CLE V: Effective date, if other than the di	late of filing: August 5, 2016 (OPTIONAL)
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be a second to be a second	ot meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the defective date is listed, the date must be te of filing.)	e specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be listent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) If the date inserted in this block does not cument's effective date on the Department of t	e specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be listent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.) If the date inserted in this block does not cument's effective date on the Department of t	e specific and cannot be more than five business days prior to or 90 days a ot meet the applicable statutory filing requirements, this date will not be listent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be de of filing.) If the date inserted in this block does not cument's effective date on the Department of th	especific and cannot be more than five business days prior to or 90 days a cot meet the applicable statutory filing requirements, this date will not be listent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)