

L16000187785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

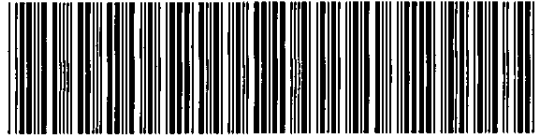
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600275103816

600275103816  
10/11/16--01036--001 \*\*37.50

FILED  
CLERK OF COURT  
15 JUL 27 PM 2:28

(Handwritten signature/initials)

FILED  
SECRETARY OF STATE

COVER LETTER

15 JUL 27 PM 2: 28

TO: Registration Section  
Division of Corporations

SUBJECT: JSLOVETTC GROUP 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:

Shelina Lovett

Name of Person

Firm/Company

5222 N Henry Blvd Suite H

Address

Stockbridge GA 30281

City/State and Zip Code

Wshelina86@gmail.com

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

For further information concerning this matter, please call:

Shelina Lovett at (678) 972-0603

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

FILED  
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUL 27 PM 2:28

JSLOVE TTC GROUP 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:

1859 Falling Leaves Ct  
Navarre FL 32566

Mailing Address:

5222 N Henry Blvd  
Stockbridge GA 30281

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:

Shelina Loret

Name

1859 Falling Leaves Ct

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

Navarre FL 32566

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..

Shelina Loret

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
JUL 27 2015

**ARTICLE IV-**

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

15 JUL 27 PM 2:28

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

P

Jarmiah Lovett  
1859 Falling Leaves Ct  
Navarre FL 32866

VP

Shelina Lovett  
1859 Falling Leaves Ct  
Navarre FL 32866

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

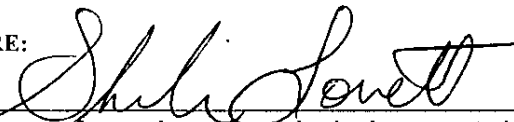
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Shelina Lovett

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)