

LI6000190020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

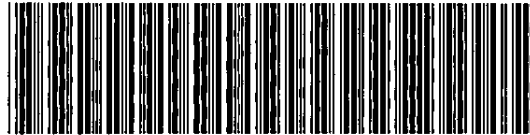
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 28 PM 4:04
TALLAHASSEE FLORIDA
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N. SAMS

OCT 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

JACQUELINE TORRES
817 ALBI CART
KISSIMMEE, FL 34759

SUBJECT: JTRB HOME SOLUTIONS LLC.
Ref. Number: W16000067400

2016 SEP 28 PM 4:04

We have received your document for JTRB HOME SOLUTIONS LLC. and your check(s) totaling \$130.00. 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 616A00021082

RECEIVED
16 OCT 13 AM 10:42
BUREAU OF CORPORATIONS
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JTRB Home Solutions 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:

Jacqueline Torres
Name of Person

JTRB Home Solutions LLC.
Firm/Company

817 Albi Court
Address

Kissimmee, FL 34759
City/State and Zip Code

jacqueline.r.torres@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Torres at (407) 731-9026
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

#W16000067400

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JTRB Home Solutions 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:

817 ALbi Court.
KISSimmee, FL 34759

Mailing Address:

817 ALbi Court.
KISSimmee, FL 34759

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:

Jacqueline Torres

Name

817 ALbi Court.

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

KISSimmee, Florida 34759

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; further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties; am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

X Jacqueline Torres
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Jacqueline Torres
817 Albi Court,
Kissimmee, FL 34759

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9-23-2016 (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:

X Jacqueline Torres

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.

X Jacqueline Torres

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)

2016 SEP 28 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA