

# L16000191186

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

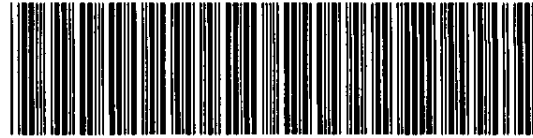
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700291030517

10/17/16--01021--024 \*\*125.00

**N. SAMS**

OCT 18 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JCS Communications  
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:

Joel C. Staley

Name of Person

JCS Communications

Firm/Company

1351 Dutch Elm Drivw

Address

Altamonte Springs, Flويدا 32714

City/State and Zip Code

joel.c.staley@gmail.com

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

For further information concerning this matter, please call:

Joel C. Staley

407

242-9994

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:

JCS Communications 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:

1351 Dutch Elm Drive  
Altamonte Springs, Florida 32714

Mailing Address:

1351 Dutch Elm Drive  
Altamonte Springs, Florida 32714

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:

Joel C. Staley

Name

1351 Dutch Elm Drive

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

<u>Altamonte Springs</u>	<u>Florida</u>	<u>32714</u>
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)

2016 OCT 17 PM 3:03

FILED IN A S E C T I O N

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

AMBR

Altamonte Springs, Florida 32714

Page 2 of 2