

L17 000020831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

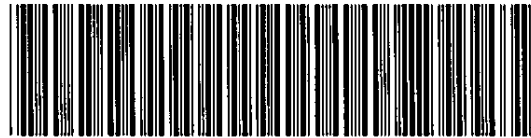
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/26/17--01014--024 \*\*160.00

FILED  
2017 JAN 26 PM 12:17  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

V HERRING

JAN 27 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Runway Pub  
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:

Danette L. Watson  
Name of Person

The Runway Pub  
Firm/Company

3400 Aviation Blvd  
Address

Vero Beach, FL 32962  
City/State and Zip Code

netty0912@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danette Watson at (772) 713 1584  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 JAN 26 PM 12:17

The Runway Pub, LLC

COUNTY OF ST. JAMES  
TALLAHASSEE, FLORIDA

(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:

3400 Aviation Blvd  
Vero Beach, FL 32962

Mailing Address:

235 20<sup>th</sup> Ave  
Vero Beach, FL 32962

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:

Danette Watson

Name

235 20<sup>th</sup> Ave

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

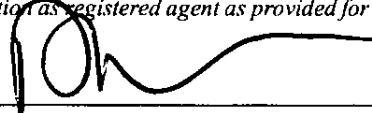
Vero Beach, FL 32962

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

Danette Watson  
235 28<sup>th</sup> Ave  
Vero Beach, FL 32962

(Use attachment if necessary)

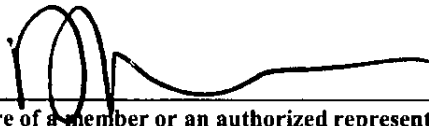
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

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)

FILED  
2017 JAN 26 PM 12:17  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

n. 26. 2017 5:27PM  
L1700002083, 5474

Thursday, January 26, 2017

To: Sunbiz - Florida LLC

RE: J A G Solutions, LLC - Confirmation of Dissolved Status

Dear Sir or Madam,

I am the President of J A G Solutions, LLC, wholly owned by our Wyoming Entity JAG US Estate, Inc. We have no intent of re-instating this LLC by any means.

I, George Georgewill, owner of JAG US Estate, Inc - A Wyoming Entity and owner of J A G Solutions, LLC hereby certify this document.

By:  \_\_\_\_\_

JAG US Estate, Inc. a Wyoming Company

By: George Georgewill, Officer

For and on Behalf of J A G Solutions, LLC

1-407-490-1072

V HERRING  
JAN 27 2017

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