## 472000572

(Re	equestor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

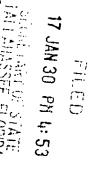
Office Use Only



200294885802

200294885802 01/30/17--01012--007 \*\*130.00

17 JAH 30 PH 1: 39



## **COVER LETTER**

Division of Corporations	
SUBJECT: Jay 5/MS	
SUBJECT: Name of Limited Liab	ility Company
Hank of Emilion Elab	my company
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Day Sings	
Day Siras	of Person
, and a	
2004 Collins Lan	ding KID
Firm/C	Company
Tallahasse FLA 323	310
Ad	dress
City/State	and Zip Code
E-mail address: (to be used for future	e annual report notification)
·	
For further information concerning this matter, please call:	
at (at (at Code	Daytime Telephone Number
Name of Ferson Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
7\$125.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Cert	ified Copy Certificate of Status &
(addition	onal copy is enclosed) Certified Copy (additional copy is enclosed)
	(udditional top) is thit essely
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Jay Sims "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: Mailing Address:	
7004 Colling Landing Rd. 2004 Collins Landing Rd. Tallahassee Fla 32310 Tallahassee Fla 32310	
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:	
Jennifer Godwin	
Name	
2004 Collins Landing Rd.	
Tallahossee Fla 32310	
City State Zip	
Seprifer Godwin  Name  Z004 Collins Landing Rd.  Florida street address (P.O. Box NOT acceptable)  Tallahossee F/a 32310  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..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

TZ JAN 30 PH 4: 5: SLUNCINCY OF STATE TALLANASSEE OF DOM

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MAMBR'	July 5,1ms 2004 Colling Landing Rd.
· 	Tallahusee Fla 32310
(Use attachment if necessary)	
(If an effective date is listed, the date must be sthe date of filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	tor state a records.
the document's effective date on the Departmen  ARTICLE VI: Other provisions, if any.	Tol State 3 records.
•	Tor State 3 records.
•	horsiale steeres.
REOUIRED SIGNATURE?  Signature of a n This document is exect 1 am aware that any fal constitutes a third degr	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE?  Signature of a n This document is exect 1 am aware that any fal constitutes a third degr	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State

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