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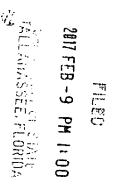
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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	JEB Real Estate, LLC
SOBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Kirsten Kappus
	Name of Person
	STAIS
	Firm/Company
	1250 Barclay Blvd
	Address
	Buffalo Grove, IL 60089
	City/State and Zip Code atlasdewateroffice@cfl.rr.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Kirsten Kappus 877 894-0073 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
] \$125.00 F	Siling Fee \$\ \tag{\text{Certificate of Status}} \ \tag{\text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \text{Certified Copy is enclosed}} \ \text{Certified Copy (additional copy is enclosed)}} \ \text{Certified Copy is enclosed}} \ \text{Certified Copy (additional copy is enclosed)}} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \text{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:	•		FILEO	
The name of the Limited Li	iability Company is:		2017 FEB -9 PM 1 00	
JEB Real Estate (Musi	e, LLC t end with the words "Limited	l Liability Company	SCO - A- 1 OF STATE , "L.L.C.," of "LEO!)\\\SSEE. FLORIDA	
ARTICLE II - Address:	reet address of the principal o		` ```	
Principal Office Address:			Mailing Address:	
969 Alexander	Avenue Suite A			
Port Orange, Fl				
The name and the Florida s	street address of the registered Eugene Heldreth	d agent are:		
	Eugene Heldreth	Name		
		Name		
	969 Alexander Aven			
	Florida street addres	is (P.O. Box NOT a	cceptable)	
	Port Orange	FL	32129	
	City	State	Zip	
lace designated in this certi urther agree to comply with	ficate, I hereby accept the app the provisions of all statutes r the obligations of my position	pointment as registers relating to the proper as registered agent.	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I as provided for in Chapter 605, F.S	
		Page 1 of 2		

<u>Title:</u>	Name and Address:	2017 FEB - 9 PM 1:	00
"AMBR" = Authorized Member		Saud Learn of STA	i i i
"MGR" = Manager MGR	Eugene Heldreth	TALLAHASSEE, FLOR	ŘÍĎA
	969 Alexander Avenue S		
	Port Orange, FL 32129		
· · · · · · · · · · · · · · · · · · ·			
) days
(Use attachment if necessary) CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.	ecific and cannot be more than fiveneet the applicable statutory filing r	e business days prior to or 90	•
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department	ecific and cannot be more than fiveneet the applicable statutory filing r	e business days prior to or 90	•
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	ecific and cannot be more than fiveneet the applicable statutory filing rof State's records.	e business days prior to or 90 equirements, this date will not	•
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is executive.	meet the applicable statutory filing rof State's records. ember or an authorized represent ted in accordance with section 605	e business days prior to or 90 equirements, this date will not equirements, this date will not equirements, this date will not grave of a member. 203 (1) (b), Florida Statutes.	t be li
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is executed an aware that any false.	ecific and cannot be more than fiveneet the applicable statutory filing rof State's records.	e business days prior to or 90 equirements, this date will not a five of a member. 203 (1) (b), Florida Statutes, ent to the Department of State	t be li
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is executed an aware that any false.	ecific and cannot be more than fiveneet the applicable statutory filing rof State's records. ember or an authorized represent ted in accordance with section 605 e information submitted in a docume felony as provided for in s.817.15.	e business days prior to or 90 equirements, this date will not a five of a member. 203 (1) (b), Florida Statutes, ent to the Department of State	t be li

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