

L17 000 035 102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

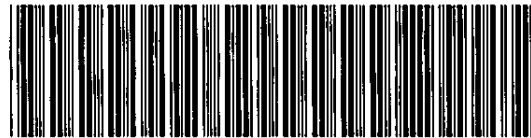
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

D O'KEEFFE
FEB 16 2017



000293480000

01/25/17--01010--010 **125.00

FILED
17 FEB 13 PM 5:17
JALAMASSEE, FL 32001

W17-7783

D O'KEEFFE
JAN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2017

KATHRYN SOLE
SOLE LAW, PLLC
555 5TH AVE NORTH
JFI PETERSBURG, FL 33701

SUBJECT: JFI, LLC
Ref. Number: W17000007783

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P99000095428.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 417A00001696

FILED
17 FEB 13 PM 5:17
TALLAHASSEE, FLORIDA



555 5th Ave N. St. Petersburg, FL 33701

www.SoleLaw.com | 727.490.9086

February 6, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Rejected Filing of JFI, LLC
New LLC: Janovel, LLC

Dear Sir,

I am in receipt of your rejection of the name JFI, LLC. Please find enclosed a new form under the name of Janovel, LLC. Please contact me if you have any questions.

Thank you,

Kathryn Sole, Esq.

FILED
17 FEB 13 PM 5:17
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Janovel, 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:

Kathryn Sole

Name of Person

Sole Law, PLLC

Firm/Company

555 5th Ave North

Address

St. Petersburg, FL 33701

City/State and Zip Code

support@sole-law.com

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

For further information concerning this matter, please call:

Kathryn Sole

727

490-9086

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:

Janovel, 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:

5203 Manorwood Drive

Unit 2B

Sarasota, FL 34235

Mailing Address:

5203 Manorwood Drive

Unit 2B

Sarasota, FL 34235

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:

Sole Law, PLLC

Name

555 5th Avenue North

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

St. Petersburg

Florida

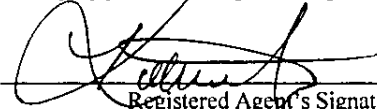
33701

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)

Page 1 of 2

FILED
17 FEB 13 PM 5:17
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Janine Fauvel-Iskowitz

5203 Manorwood Drive, Unit 2B

Sarasota, FL 34235

(Use attachment if necessary)

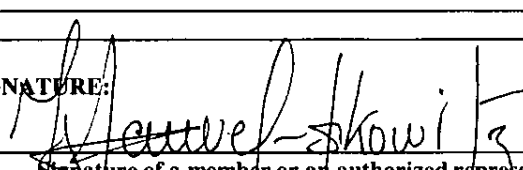
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Janine FAUVEL-ISKOWITZ

Typed or printed name of signer

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
17 FEB 13 PM 5:17
TALLAHASSEE, FLORIDA