L17000043443

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

N. SAMS FEB 2 8 2017



200295946272

02/27/17--01040--015 **130.00

FILED
17 FB 27 FH 3 OF

COVER LETTER

	Filing Section sion of Corporations	
SUBJECT:	Ask Jeevs	Diligent Detailing, LLC of Limited Liability Company
_	Name o	f Limited Liability Company
The enclosed	Articles of Organization and fee((s) are submitted for filing.
Please return a	all correspondence concerning th	is matter to the following:
	Jasa	on blass
		Name of Person
	īn	danendent
_	<u> </u>	dependent Firm/Company
	7605 SW	Martin Hwy Address
		Address
	Palm C	itu Fl 34990
_		City/State and Zip Code
		1455 22 @ gmail. com
	E-mail address: (to be	used for future annual report notification)
For further info	rmation concerning this matter, p	please call:
-	Jason Gluss a	u(772) 380 - 5426
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	/	& \$155.00 Filing Fee & \$160.00 Filing Fee,
#123.00 Film	Certificate of Statu	
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	F11 -
The name of the Limited Liability Company is:	FILED
Ask Jeevs Diligent Detailing, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address:	17 FEB 27 PH 3: 05
The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	i
7605 SW Martin Hwy 7605 SW Martin H Palm City, FL 34990 Palm City, FL 3499	$\frac{\omega}{\omega}$
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:	
Jason Glass Name	
7605 SW Martin Hwy	
Florida street address (P.O. Box NOT acceptable)	
Palm City FL 34990	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duti 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)	city. I
(CONTINUED)	

Title: "AMBR" = A "MGR" = Mai	uthorized Member nager	Name and Address:
CEO + P.	resident	7605 SW Martin Hwy Palm City, FL 34990 Jason Glass
	ent if necessary)	FEI: (OPTIONAL)
CLE V: Effective effective date is late of filing.) If the date insert	e date, if other than the date of isted, the date must be spected in this block does not me	eet the applicable statutory filing requirements, this date will not be lis
CLEV: Effective effective date is late of filing.) If the date insert occument's effective	e date, if other than the date of isted, the date must be spected in this block does not me we date on the Department of	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be lis
CLE V: Effective effective date is hate of filing.) If the date insert occument's effective CLE VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me we date on the Department of	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective effective date is the effective date is the effection of filing.) If the date insert ocument's effective ef	e date, if other than the date or isted, the date must be spected in this block does not me we date on the Department of rovisions, if any. SIGNATURE: Signature of a mem This document is executed 1 am aware that any false is	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective effective date is the effective date is the effection of filing.) If the date insert ocument's effective ef	signature of a mem This document is executed a management of a mem This document is executed a management of a mem This document is executed a management of a mem This document is executed a management of a mem This document is executed a management of a mem This document is executed a management of a mem This document is executed a management of a mem This document is executed a	the and cannot be more than five business days prior to or 90 days tet the applicable statutory filing requirements, this date will not be list State's records. There or an authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State