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COVER LETTER

	ew Filing Section ivision of Corporations	
CUD IECT	JONES GROUP FAMILY, LLC	
SUBJECT	Name of Limited Liability Company	
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
	RUSSELL M. HAYSON, ESQ.	
	Name of Person	
	PALLOTTO & HAYSON, P.A.	
	Firm/Company	
	7777-A DAVIE ROAD EXTENSION, SUITE 100A	
	Address	
	HOLLYWOOD, FLORIDA 33024	
	City/State and Zip Code russhayson@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further i	nformation concerning this matter, please call:	
	RUSSELL M. HAYSON 954 966-0881 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
\$125.00 F	S130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must co	JONES GROUP FAMILY, LLC			
	ontain the words "Limited L	iability Company, "L.	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal of	ice of the Limited Liz	ability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
10207 S.W. 20TH COURT		10207 S.W. 20TH COURT		
MIRAMAR, FLORIDA 33025		MIRA:	MAR, FLORIDA 33025	
The Limited Liability Companion ther business entity with a	any cannot serve as its own F an active Florida registration ect address of the registered a	Registered Agent, You .) ngent are:	s Signature: u must designate an individual or	
The Limited Liability Companion that business entity with a	any cannot serve as its own F an active Florida registration ect address of the registered a	Registered Agent. You .) ngent are: & HAYSON, P.A.		
The Limited Liability Companion that business entity with a	any cannot serve as its own F an active Florida registration ect address of the registered a	Registered Agent, You .) ngent are:		
ARTICLE III - Registered ATHE Limited Liability Companion ther business entity with a The name and the Florida stre	any cannot serve as its own F an active Florida registration ect address of the registered a	Registered Agent. You .) ngent are: & HAYSON, P.A.	u must designate an individual or	
The Limited Liability Compa mother business entity with a	any cannot serve as its own F an active Florida registration ect address of the registered a	Registered Agent, You .) ngent are: <u>HAYSON, P.A.</u> Name AD EXTENSION, S	u must designate an individual or UITE 100A	
The Limited Liability Compa mother business entity with a	any cannot serve as its own Fin active Florida registration et address of the registered a PALLOTTO of The Total PARTIE RO	Registered Agent, You .) ngent are: <u>HAYSON, P.A.</u> Name AD EXTENSION, S	u must designate an individual or UITE 100A	

(CONTINUED)

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FILED

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JA-RONN R. JONES 10207 S. W. ZOTH COURT MIRAMAR, FLORIDA 33025
(Use attachment if necessary)	CE (OPTIONAL)
an effective date is listed, the date must be specif date of filing.)	filing:
TICLE 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)