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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

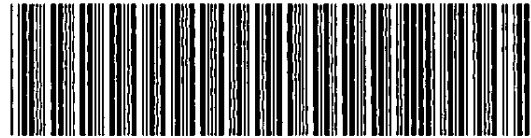
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2017 MAR 20 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2017
C Kinsey

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FJNS, 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:

H. Patrick Weber

Name of Person

Barrett & Weber

Firm/Company

120 E. Fourth Street, Suite 1201

Address

Cincinnati, Ohio 45202-4070

City/State and Zip Code

fbrown@pioneerlazing.com

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

For further information concerning this matter, please call:

H. Patrick Weber

at (513) 721-2120

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

BARRETT & WEBER

A LEGAL PROFESSIONAL ASSOCIATION

C. FRANCIS BARRETT
H. PATRICK WEBER
JANET L. BELL
JOSHUA L. GOODE

120 EAST FOURTH STREET
SUITE 1201
CINCINNATI, OHIO 45202-4070

TELEPHONE (513) 721-2120
FACSIMILE (513) 721-2139

March 15, 2017

Florida Department of State
New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: FJNS, LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for the formation of FJNS, LLC. I am also enclosing a check in the amount of \$125.00 in payment of the required filing fee. Please file this document in your office.

Very truly yours,

BARRETT & WEBER



H. Patrick Weber

Enclosures

cc: Mr. Fredric Brown

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FJNS, LLC

(Must contain 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:

327 Front Street
Miamiville, Ohio 45147

Mailing Address:

P.O. Box 234
Miamiville, Ohio 45147

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:

Deborah Bowe Wilson

Name

2451 NE 120th Street

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

Chiefland, Florida 32626

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.

Deborah Bowe Wilson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Name and Address:

Fredric Carter Brown

P.O. Box 234

Miamiville, Ohio 45147

(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.

Fredric Carter Brown

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)