

L17000091879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

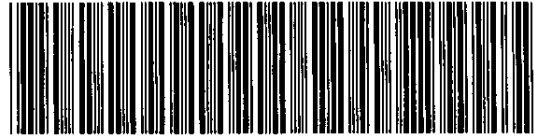
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500296253035

03/13/17--01033--029 **125.00

FILED

17 APR 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-021565

04/26/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2017

PAUL LEWIN
10224 GARDEN ALCOVE DR.
TAMPA, FL 33647

SUBJECT: J&J ENTERPRISE UNLIMITED, LLC
Ref. Number: W17000021565

We have received your document for J&J ENTERPRISE UNLIMITED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page #2 of the "Articles of Organization" application was not included in the initial submission. Please complete the missing Page and resubmit.

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 017A00004859

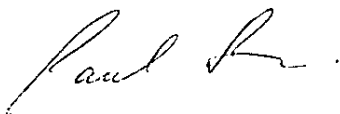
Paul Lewin
J & J Enterprise Unlimited Inc.
10224 Garden Alcove Drive
Tampa, FL 33647
February 24, 2017

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear New Filing Section:

I am writing this letter to state that I do not want to reinstate J & J Enterprise Unlimited Inc.. Document # P15000102389. Enclosed is a new filing application for an LLC in the name of J & J Enterprise Unlimited, LLC or If I can't use that again then I will use J & J Enterprise Unltd, LLC. Thank you for your help in advance.

Sincerely,



Paul Lewin
Owner/Director

FILED
17 APR 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: J & J Enterprise Unlimited, 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:

Paul Lewin
Name of Person

Firm/Company

10224 Garden Alcove Dr.
Address

Tampa, FL 33647.
City/State and Zip Code

chinwaah@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Lewin at (732) 619-4915
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:

J+J Enterprise Unlimited, 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:

10224 Garden Alcove Dr.
Tampa, FL 33647.

Mailing Address:

10224 Garden Alcove Dr.
Tampa, FL 33647.

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:

Paul Lewin

Name

10224 Garden Alcove Dr.

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

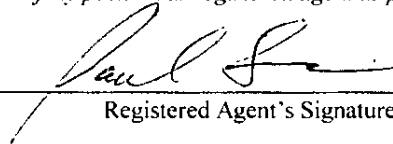
Tampa FL 33647.

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)

FILED
17 APR 25 AM 8:53
SECRETARY OF STATE
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

AMBR

Name and Address:

Paul Lewin

10224 Garden Alcora Dr.

Tampa, FL 33647

Tara Chin-Lewin

10224 Garden Alcora Dr.

Tampa, FL 33647

(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.

Paul Lewin

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)

FILED
17 APR 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA