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(R	Requestor's Name)	
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04/24/17--01020--017 **125.00



11 4/26/17

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JRB PERFUSION, 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:	
Joseph R. Bullock Name of Person	
Name of Person	
JRB PER FUSION Firm/Company	
Firm/Company	
428 Childers Street	
Address	
Pensacola FL 32534 City/State and Zip Code	
City/State and Zip Code	* - 4 -
JRBPERFUSION® GMAIL . C E-mail address: (to be used for future annual report notifica	
For further information concerning this matter, please call:	
Joseph R. Bullock at (B50) 554-8 Name of Person Area Code Daytime Telepho	509
Name of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status 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

JRBPERFUSION, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
428 Childers Street Pensacola FL 32534	428 Childers Street Pensacola, FL 32534
RTICLE III - Registered Agent, Registered Office, & Registive Limited Liability Company cannot serve as its own Register to their business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	red Agent. You must designate an individual or
Joseph R. Name	Bullock Street Box NOT acceptable)
428 Childers	

(CONTINUED)

gistered Agent's Signature (REQUIRED)

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..

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager J OSEPH K. Bullock	428 Childers Street Pensacola FL 32534
(Use attachment if necessary)	
f an effective date is listed, the date must be spece e date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed f State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	Bulgel
This document is execute I am aware that any false in	nber or an authorized representative of a member. Indicate the distribution of the di

as

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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)