

L 1700501207414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

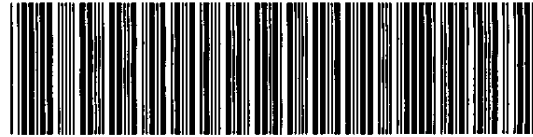
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/22/17--01011--002 **125.00

SECRET
17 JUN -1 PM 6:12 17 MAY 22 AM 8:16
STATE SECRETARY OF STATE
FLORIDA

M. MOON
JUN 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2017

BRUCE W. FORD
7435 STATE RD SUITE A
KEYSTONE HEIGHTS, FL 32656

SUBJECT: JENNIFER HOLDINGS, LLC
Ref. Number: W17000044197

RECEIVED
DIVISION OF CORPORATIONS
17 JUN -1 PM 6:12

We have received your document for JENNIFER HOLDINGS, 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):

PLEASE LIST THE NAME OF THE MANAGER. IT APPEARS THAT THE TITLE AND ADDRESS ARE LISTED BUT NOT THE NAME OF THE INDIVIDUAL.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew T Moon
Regulatory Specialist II

Letter Number: 517A00010435

RECEIVED
17 JUN -1 PM 4:41
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jennifer Holdings, 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:

Bruce W. Ford

Name of Person

Firm/Company

7435 State Road 21 Suite A

Address

Keystone Heights, Florida 32656

City/State and Zip Code

bruce@clearscienceinc.com

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

For further information concerning this matter, please call:

Bruce Ford

352

478-8560

at ()

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

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA
17 MAY 22 AM 8:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jennifer Holdings, 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:

7435 State Road 21
Suite A
Keystone Heights, FL 32656

Mailing Address:

7435 State Road 21
Suite A
Keystone Heights, FL 32656

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:

Bruce W. Ford
Name

7435 State Road 21
Florida street address (P.O. Box **NOT** acceptable)
Keystone Heights, FL 32656
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)

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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 - Bruce Ford

Name and Address:

7435 State Road 21

Suite A

Keystone Heights, FL 32656

AMBR-Jennifer Ford

7435 State Road 21

Suite A

Keystone Heights, FL 32656

(Use attachment if necessary)

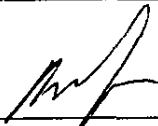
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Bruce W. Ford

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)

17 JUN - 1 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA