

L/7000161099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

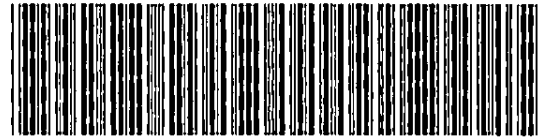
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
17 JUL 17 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L/7000059072



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2017

STEPHEN G CASSADY JR
216 SW Ocala Way
Lake City, FL 32024 US

SUBJECT: JRS QUALITY REPAIR N PAINTING LLC
Ref. Number: W17000059072

We have received your document for JRS QUALITY REPAIR N PAINTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

JUAN A REYES
Regulatory Specialist II

Letter Number: 517A00014489

RECEIVED
17 JUL 25 PM 12:36
CORPORATIONS
& COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: J.R's Quality Repair N PAINTING
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:

Stephen G Cassady Jr.
Name of Person

Firm/Company

216 S.W. Ocalaway
Address

Lake City Florida 32024
City, State and Zip Code

jrcass42@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen G Cassady Jr
Steve Cassady at (386) 228 2298
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:

Jr's Quality Repair N Painting 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:

216 SW Ocala way

Mailing Address:

216 SW Ocala way

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:

Stephen G Cassady Jr.
Name

216 SW Ocala way
Florida street address (P.O. Box NOT acceptable)

Lake City Fla. 32024
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.,

Stephen G Cassady Jr.
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

~~OFFICER~~ SC

"MGRM"

Name and Address:

Stephen G. Cassidy Jr.
216 SW Osceola Way
Lake City FL 32024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

7/15/2017

? I sent this AP
(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:

Stephen G. Cassidy Jr.

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.

Stephen G. Cassidy Jr.

Typed or printed name of signer

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)

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