

L17000176154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

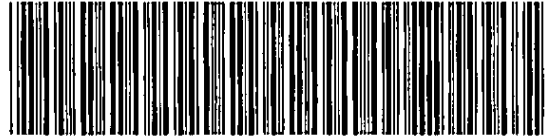
(Business Entity Name)

(Document Number)

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17 AUG 16 AM 11:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W17-063247

08/17/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2017

CHARLIE JONES  
3950 HWY. 77  
CHIPLEY, FL 32428

SUBJECT: JONES HOME REMOLDING & MAINTANCE SERVICES LLC  
Ref. Number: W17000063247

We have received your document for JONES HOME REMOLDING & MAINTANCE SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 017A00015641

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Jones Home Remolding & maintenance Service 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:

Charlie Jones  
Name of Person

Jones Home Remolding & maintenance Service LLC  
Firm/Company

3950 Hwy 77  
Address

Chipley Fla. 32428  
City/State and Zip Code

Charlie Jones 931 @ Gmail . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlie Jones at ( 850 ) 348-9932  
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:

Jones Home Remodeling + maintenance services, LLC

~~Jones Home Remodeling + maintenance services, 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:

3950 Hwy 77  
Chipley Fla  
32428

Mailing Address:

3950 Hwy 77  
Chipley Fla  
32428

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:

Charlie Jones  
Name

3950 Hwy 77 Chipley Fl. 32428  
Florida street address (P.O. Box **NOT** acceptable)

Chipley Fl 32428  
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..

Charlie Jones  
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

**Name and Address:**

Charlie Jones

3950 Hwy 77

Chipley Fla 32428

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07-30-2017. (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:**

Charlie Jones

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.

Charlie Jones

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)

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17 AUG 16 AM 11:4  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA