LI7000 194 348

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
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COVER	LETTER-

TO: • New Filing Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

L.L.C. -95SUBJECT: 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: Har Name of Person Firm/Company azerett Address City/State and Zip Code @qmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Antonio Harris at (850) (631-9012 Name of Person Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, 125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address New Filing Section New Filing Section **Division of Corporations** Division of Corporations

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:

Jices L.L.C.

(Must contain the words "Limited Liability Company, "L.I..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:	Mailing Address:
8958 Nazereth Alice Dr. Tallahassee, FL 32309	Same as Afincipal
Tallahassee, FL 32309	

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:

ntonio Hherm arri.5 Nazereth Filice da street address (P.O. Box NOT acceptable) lallahassa. 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:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Tommy Lee Harvey 1221 Prie Ln APT 10101
(Use attachment if necessary)	of filing: $9/19/2017$ (OPTIONAL)
e date of filing.)	cific and cannot be more than five business days prior to or 90 days afte eet the applicable statutory filing requirements, this date will not be listed
RTICLE VI: Other provisions, if any.	
<u>reoured</u> signature:	Unuin

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. 1 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.

Antonio Harris Typed or printed name of signce

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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