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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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M. moon

COVER LETTER

	Filing Section sion of Corporations			
SUBJECT:	JAMES Name of l	STOCK Limited Liability Company	-LC	
	Name (11)	anited Massing Company		
The enclosed	Articles of Organization and fee(s)	are submitted for filing.		
Please return	all correspondence concerning this r	natter to the following:		
-	JAME	S STOCK	<u> </u>	
	3948 3	RD STREET	<u> </u>	
				A
_	JACKSOWVIII,	5 BEACIT	FL	32250
		Address		
<u></u> -			<u> </u>	
	TIM STOCK 63	City/State and Zip Code	·	
		ed for future annual report notificat		
For further info	ormation concerning this matter, ple	ase call:		
ة من ا ح لا	er Start	914 771-19	å O	
VAM <u>E</u>	Name of Person	Area Code Daytime Telephor	ne Number	
	check for the following amount:	Terse po suitan sam s	Stan on Eilian	lina
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy	
			, r.	-
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporat	ions	
	P.O. Box 6327	Clifton Building		F\5

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

$ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES STO	ck 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	ne Limited Liability Co	empany is:		
Principal Office Address:	<u>v</u>	lailing Address:		
# 5 JACKSONVINE FC 3220	394 — DACKSO 7 — FC	18 3KD WVIB BEE 32250	<u>s</u> 7, s	⊭38
ARTICLE III - Registered Agent, Registered Office. & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signatu ed Agent. You must de	re: signate an individua	lor	
The name and the Florida street address of the registered agent ar				
JAMES	STOCK			
Name				
JAMES Name 4115 UNIVE Florida street address (P.O. B JACKSONVILE City Sta	NOT acceptable)	CUD #5		
TO-1/ Care a vilt	Pad-H F	7 3220	7	
City St	ite Zij	p	,	
Having been named as registered agent and to accept service of proplace designated in this certificate. I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registed.	as registered agent and the proper and comple	l agree to act in this one performance of my for in Chapter 605, F	apacity 1 ≀duties, and l	
	_			
(CON	TINUED)		2817 11 11 15 15 15 15 33	

RTICLE IV-
he name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG-1	JAMIES STOCK 39-10 320 ST. SOUTH 1F38 JAX BEHELT FL 32250
(Use attachment if necessary)	
If an effective date is listed, the date must be specified date of filing.)	illing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
	SAMES STOCK Syped 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)