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SECRETARY OF STATE 11/29

COVER LETTER

	w Filing Section vision of Corporations					
SUBJECT:	Curseen Jones, LLC					
SOBJECT,		f Limited Liabil	ity Company			
The enclose	d Articles of Organization and fee(s) are submitted	for filing.			
Please return	n all correspondence concerning thi	s matter to the f	ollowing:			
	Ca	isey or Denise E	2. Jones			
•	Name of Person					
		ones				
-	Firm/Company					
	241 Marcum Trace Drive					
_		Addre	ess			
	Lak	eland, FL 3380	9			
_	cnce	City/State and	-			
_			nnual report notification)			
or further inf	ormation concerning this matter, pl	ease call:				
	Casey Jones	863	670-4986			
-	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is a	check for the following amount:					
/	ng Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Siling Fee & Siling Fee, d Copy Certificate of Status & Copy is enclosed) 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 661 Executive Center Circle Fallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Curseen	Jones, LLC	
	ed Liability Company, "L.L.C.," or "LLC.")	
	, , , , , , , , , , , , , , , , , , , ,	
ARTICLE II - Address:	1.50	
he mailing address and street address of the principa	Torrice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address	<u>s</u> :
241 Marcum Trace Drive	241 Marcum Trace	Drive
Lakeland, FL 33809	Lakeland, FL 3380	9
The Limited Liability Company cannot serve as its ov	wn Registered Agent. You must designate an indiv	idual o
The Limited Liability Company cannot serve as its ovn on their business entity with an active Florida registration.	wn Registered Agent. You must designate an indiv tion.)	idual o
The Limited Liability Company cannot serve as its over another business entity with an active Florida registra	wn Registered Agent. You must designate an indiv tion.)	idual o
The Limited Liability Company cannot serve as its over the control of the registral of the registra of the register and the Florida street address of the register of the register and the Florida street address of the register of the regis	wn Registered Agent. You must designate an indiv tion.)	idual o
The Limited Liability Company cannot serve as its over the control of the registra in the florida registra. The name and the Florida street address of the register in the reg	wn Registered Agent. You must designate an indiv tion.) red agent are:	idual o
The Limited Liability Company cannot serve as its over the control of the registra and the Florida street address of the register and the Florida street and the Florida street address of the register and the Flori	wn Registered Agent. You must designate an indivition.) red agent are: Casey Jones Name	idual o
The Limited Liability Company cannot serve as its over the control of the registra of the name and the Florida street address of the register	wn Registered Agent. You must designate an indivition.) red agent are: Casey Jones	idual o
241 Marcum Trac	wn Registered Agent. You must designate an indivition.) red agent are: Casey Jones Name e Drive, Lakeland, FL 33809	idual (

Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. In further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and familiar with and accept the obligations of myposition as registered agent as provided for in Chapter 605, F.S..

SECRETARY OF STATE

(CONTINUED)

Registered Agent's Signature (REQUIRED)

17 NOV 28 AM I

The name and address of each person authorized	to manage and control the Limited Liability Company:
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ı
DMGR	Casey Jones
	241 Marcum Trace Drive
	Lakeland, FL 33809
Analoguis 154	
Authorized Memeber	Denise E. Jones
	241 Marcum Trace Drive
	Lakeland, FL 33809
	
	
	•
(Use attachment if necessary)	
	ლ 1
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specific and	d cannot be more than five business days prior to or says after
ine date of filing.)	
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as records.
the document's effective date on the Department of State's	s records.
ARTICLE VI: Other provisions, if any.	m _C in
other provisions, it any.	
	
REQUIRED SIGNATURE:	_
	7
_ lary /	,
Signature of a member of	an authorized representative of a member.
I his document is executed in acc	ordance with section 605 0203 (1) (b) Florida Statutes
I am awate that any talse informat	tion submitted in a document to the Department of State
constitutes a third degree felony a	s provided for in s.817.155, F.S.
Coron	torre

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)

ARTICLE IV-