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| (R | Requestor's Name) | | | | |
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| PICK-UP | WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| 10: Registration Section Division of Corporations | | | | |
|---|--|---|--|--|
| SUBJECT: | SIX JF, L | .LC | | |
| Name of Limited Liability Company | | | | |
| The enclosed Articles | of Organization and fee(s) are | e submitted for filing. | | |
| Please return all corre | spondence concerning this ma | iter to the following: | | |
| - Bill Antar CPA | | | | |
| | | Name of Person | | |
| | | | | |
| | Acco 3306 | Cape Coral Tax & unting Services, LLC. Del Prado Blvd. South | | |
| | Ca | pe Coral, FL 33904 | | |
| · | | ity/State and Zip Code | | |
| | billantar(a) | Capetaxes. C | 0m | |
| For further information | E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | |
| Bill An- | | _ at (<u>239</u> <u>540 -</u> Area Code & Daytime Tele | 7500 phone Number | |
| Enclosed is a check | for the following amount: | | | |
| \$125.00 Filing Fee [| \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SIX JF, LLC. 4524 SE 16TH PLACE UNIT 1A CAPE CORAL, FL 33904

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

SIX JF, LLC. 4524 SE 16TH PLACE UNIT 1A CAPE CORAL, FL 33904

Principal Office Address: Mailing Address:

4524 SE 16TH PLACE UNIT 1A CAPE CORAL, FI. 33904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD, S.
CAPE CORAL, FL 33904

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)
Page 1 of 2.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

JELENA FOSKEY (Manager) 4524 SE 16TH PL., STE 1 CAPE CORAL FL 33904

JASON FOSKEY (Manager) 4524 SE 16TH PL., STE 1 CAPE CORAL FL 33904

LISTING PARADISE REALTY, LLC. (Managing Member) 4524 SE 16TH PL., STE 1 CAPE CORAL FL 33904

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

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee