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(Requ	iestor's Name)	
(Addr	ess)	
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(City/:	State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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N CULLIGAN

JAN 2 5 2018

COVER LETTER

	w Filing Section vision of Corporations
SUBJECT:	JFS Real Estate, LLC
	Name of Limited Liability Company
m i	
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	JANET SCINTA
	Name of Person
	Firm/Company
	PO BOX 512653
	Address
	PUNTA GORDA, FZ 33951 City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
_	and schild a small com
	E-mail address: (to be used-for future annual report notification)
For further in	formation concerning this matter, please call:
JANG	ascinta a1 (941) 457-4110
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	
3123.00 FII	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



January 8, 2018

JANET SCINTA PO BOX 512653 PUNTA GORDA, FL 33951

SUBJECT: JFS REAL ESTATE, LLC

Ref. Number: W18000001522

We have received your document for JFS REAL ESTATE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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.

Letter Number: 418A00000391

Neysa Culligan Regulatory Specialist II

2010 JAN 25 AH 10: 1

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:		
J	=S PEAL EST	ATE, LLC	
(Must conta	in the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of th	ne Limited Liability Company is:	
<u>Principa</u>	l Office Address:	Mailing Addr	ress:
7257 A	Jorih Plum Tree	PO BOX 512	453
- Punta G	Jorih Plum Tree ords, F2-33955	PO_BOX_512 PUMA-GOVET	A, F2 3395,
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own Register ctive Florida registration.)	ed Agent. You must designate an inc	dividual or 18 JAN 25
	JANGT S		÷
	Name		
	7257 NOR	TH PLUMTREE	BN 11 NA
	Florida street address (P.O. B	ox NOT acceptable)	
	PUNTA GO	RDA FL 3395	2 8 0
	City Sta		
laving been named as registered as	gent and to accept service of pro	cess for the above stated limited liab	lity company at the

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)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	JANGT SCINTA
(Han amanhana a 'Caraana a N	
in effective date is listed, the date mu date of filing.) te: If the date inserted in this block d	the date of filing:
TICLE V: Effective date, if other than an effective date is listed, the date mudate of filing.) te: If the date inserted in this block d document's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 days bes not meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than an effective date is listed, the date mudate of filing.) te: If the date inserted in this block d document's effective date on the Dep	test be specific and cannot be more than five business days prior to or 90 days person of the applicable statutory filing requirements, this date will not be list artment of State's records.
TICLE V: Effective date, if other than an effective date is listed, the date mudate of filing.) te: If the date inserted in this block d document's effective date on the Dep	nest be specific and cannot be more than five business days prior to or 90 days be not meet the applicable statutory filing requirements, this date will not be list artment of State's records.
TICLE V: Effective date, if other than an effective date is listed, the date mudate of filing.) ME: If the date inserted in this block de document's effective date on the Department of the date of the Department of the Departme	test be specific and cannot be more than five business days prior to or 90 days be not meet the applicable statutory filing requirements, this date will not be list artment of State's records.

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)