

L18000074041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

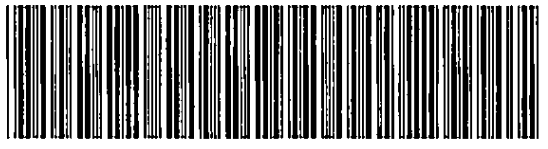
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6218-14892

Office Use Only



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02/12/18--01025--019 **130.00

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2018 MAR 26 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 26 2018
K. PAGE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SJ EXECUTIVE PROTECTION, LLC
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:

SHELDON JACQUES
Name of Person

SJ EXECUTIVE PROTECTION
Firm/Company

PO BOX 540547
Address

OPA LOZKA, FL, 33054
City/State and Zip Code

SJ. EXECUTIVE PROTECTION@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELDON at (786) 213-3926
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2018

SHELDON JACQUES
PO BOX 540547
OPA LOZKA, FL 33054

SUBJECT: SJ EXECUTIVE PROTECTION, LLC
Ref. Number: W18000014892

We have received your document for SJ EXECUTIVE PROTECTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 118A00003173

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2018 MAR 26 PM 12:22
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SJ EXECUTIVE PROTECTION, 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 Limited Liability Company is:

Principal Office Address:

2307 SUPERIOR ST
OPA LOCKA, FL 33054

Mailing Address:

PO BOX 540547
OPA LOCKA, FL 33054

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:

SHELDON JACQUES

Name

2307 E. SUPERIOR STREET

Florida street address (P.O. Box **NOT** acceptable)


OPA LOCKA FL 33054

City

State

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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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

STELDON JACQUES

2307 E SUPERIOR ST

OPA LOCCA FL 33054

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 26 PM 1:45

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(Use attachment if necessary)

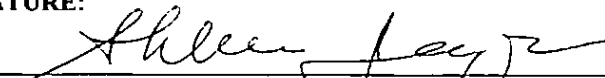
ARTICLE V: Effective date, if other than the date of filing: 2/7/18 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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. 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.

STELDON JACQUES

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)