## L18000079201

(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:				

Office Use Only



700311261577

03/30/18--01004--009 \*\*125.00

18 MAR 30 PM I2: 05

ECRETARY OF STATE

FILED

28 M MAR 30 PH 12: 13

## **COVER LETTER**

	New Filing Section Division of Corporations				
SUBJEC	T: JAMPS WINTER	S CONTRAC	JING LL	C-	
	Name of Limited	Liability Company			
The enclo	osed Articles of Organization and fee(s) are subr	nitted for filing.	,		
Please ret	ourn all correspondence concerning this matter to	the following:		the services	<b>4</b>
	JAMBS	UINTER	5		
٠		me of Person	·		
	· · · · · · · · · · · · · · · · · · ·			<del></del>	
•	3521 WILLOW SPRI.	N65 LN			
		Address		<del></del>	
	TAZI. FL. 323 City/St	_ ح	·		
	City/St UMWINTELSX SP E-mail address: (to be used for fi	CMAII. ICM	<u> </u>		
For further	information concerning this matter, please call				
·,	Name of Person Area C	O 688-7 ode Daytime Telephon	795 e Number	to , well pase	《 4. 2
Enclosed	is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	\$160.00 Filing Fee Certificate of State Certified Copy (additional copy is en	us &	
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent			

Tallahassee, FL 32301

. . 1957 VIET . . H

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE	Į -	Name:
-------	----	-----	-------

The name of the Limited Liability Company is:

(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:

Mailing Address:

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:

3521. WILLOW SPRINGS LN.
Florida street address (P.O. Box NOT acceptable)

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.

(CONTINUED)

	Title: "AMBR" = Authorized Member	Name and Address:			
(	"MGR" = Manager	JAMES WINTERS	4	STATE MARKET IN INC.	
<i>:</i> :	· .	3521 WILLOW SBRINGS LA TALL PL 32312	. ,	,	
				,	
			:		
A DTICI	(Use attachment if necessary)	f filing: 30 /m pr /2018 (OPTIONAL)		<i>:</i>	
(If an ef the date	fective date is listed, the date must be spec of filing.)	ific and cannot be more than five business days prior to or 90 da			
	f the date inserted in this block does not mument's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be f State's records.	listed as	S TUETH NURSE C.	
ARTICI	LE VI: Other provisions, if any.		<u>.</u>		
<del></del>			<u>.                                    </u>		
	REQUIRED SIGNATURE:	Wat 30/MAR 12018		•	
	This document is executed I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	,		

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

5.00 Certificate of Status (Optional)