

L18000136388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

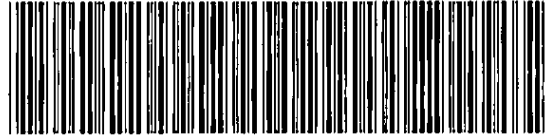
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUN 04 2018

T. SCOTT



100314192851

FILED
2018 JUN -4 PM 4:52
SECRETARY OF STATE
ALABAMA, FLORIDA

100314192851
06/05/18--01003--004 **250.00

RECEIVED
JUN 04 2018
18 JUN -4 PM 4:28
CLERK OF STAFF

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JASON HARPER 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:

JASON HARPER LLC

Name of Person

Firm/Company

33 West Shore Pl.

Address

Inlet Beach, FL 32461

City/State and Zip Code

BIZ.SERVICES.FL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL GARZA

847

532-5968

at ()

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)



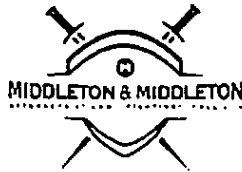
\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



Middleton & Middleton, P.A.
1469 Market St.
Tallahassee, FL 32312

Office Number: (850) 815 0256
Fax Number: (850) 895 3101
help@FightingForAll.com

www.FightingForAll.com

AUTHORIZATION TO REUSE COMPANY NAME

I, JASON HARPER, was the AMBR of JASON HARPER, LLC, filed with the Florida Division of Corporations on 11/17/16 with document number L16000209956. On 09/22/17 I filed a dissolution for JASON HARPER, LLC.

I authorize for the name JASON HARPER, LLC to be reused for any new company that will file with the Florida Division of Corporations.

Jason Harper
Printed Name

Jason C. Harper
Signature

5/21/18
Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JASON HARPER 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:

Mailing Address:

33 West Shore Pl. Inlet Beach, FL 32461

SAME

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:

MIDDLETON & MIDDLETON, P.A.

Name

1469 MARKET ST

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

TALLAHASSEE

FL

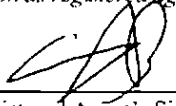
32312

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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#19-082355-1 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

MGR

Name and Address:

JASON HARPER

33 West Shore Pl. Inlet Beach, FL 32461

(Use attachment if necessary)


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

KAREN SABRINA ARIZA

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)