

L18000207102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

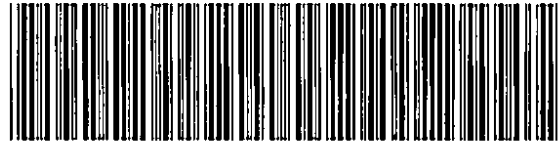
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/18--01036--003 **160.00

FILED
2018 AUG 27 AM 10:20
SECURITY UNIT
TALLAHASSEE, FL 32301

30 2018

Brumbley

July 31, 2018

Department of the Treasury
Internal Revenue Service
Ogden UT 84201-002

Re: Name Change and Location

EIN: 06-1529004

FROM:

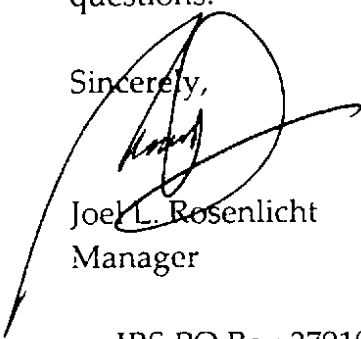
S A Enterprises LLC
483 Middle Tpke W Ste 102
Manchester CT 06040-3864

TO

JLR Resources LLC
8948 Cherry Oaks Trl
Naples, FL 34114-0835

Please email me at DrRosenlicht@Jawfixers.com or call 860-930-8588 if you have any questions.

Sincerely,



Joel L. Rosenlicht
Manager

cc: IRS PO Box 37910, Hartford CT 06176-7910

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JLR Resources, 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:

LISA HARRISON

Name of Person

c/o Rosenlicht & Ansari, PC

Firm/Company

483 Middle Turnpike West St 102

Address

Mendota CT 06040

City/State and Zip Code

DR.Rosenlicht@JAWfixers.com

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

For further information concerning this matter, please call:

____ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JLR Resources, 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:

8948 Cherry Oaks Trl

Naples, FL 34114-0835

8948 Cherry Oaks Trl

Naples, FL 34114-0835

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:

Joel L. Rosenlicht

Name

8948 Cherry Oaks Trl

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

Naples

FL

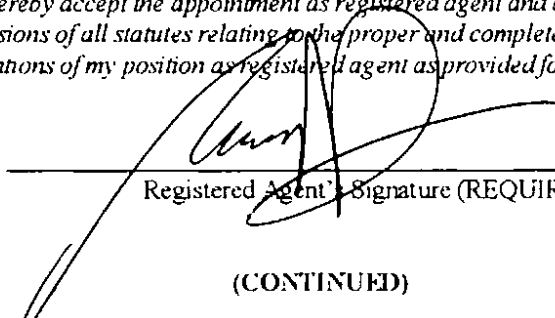
34114-0835

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)

FILED
2018 AUG 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Joel L. Rosenlicht, D.M.D.

8948 Cherry Oaks Trl

Naples, FL 34114-0835

AMBR

Doreen Rosenlicht, R.D.H.

8948 Cherry Oaks Trl

Naples, FL 34114-0835

(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.

Joel L. Rosenlicht

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)