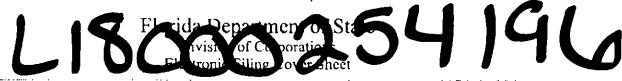
10/31/2018

**Division of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

CREST@Taxsaversfl.net Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Jensen Site Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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https://efile.sunbiz.org/scripts/efilcovr.exe

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·
, , ,	
Jensen Site Services LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9009 Austrian Blvd	9009 Austrian Blvd
Punta Gorda, FL 33982	Punta Gorda, FL 33982
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registanother husiness entity with an active Florida registration.)  The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or
Jon Jensen	

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.

Name

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

FL.

State

9009 Austrian Blvd

City

Punta Gorda

Registered Agent's Signature (REQUIRED

33982

Zip

(CONTINUED)

SECRETARY OF STAFF

litle:	Name and Address:
AMBR" = Authorized Member	er
MGR" = Manager	
AMBR	Jon Jensen
<u> </u>	9009 Austrian Blvd
	Punta Gorda, FL 33982
ctive date is listed, the date of filing.) the date inserted in this block nent's effective date on the Di E VI: Other provisions, if any.	in the date of filing:
EV: Effective date, if other the crive date is listed, the date of filing.) the date inserted in this block nent's effective date on the Die EVI: Other provisions, if any. all lawful business.	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
EV: Effective date, if other the crive date is listed, the date of filing.) the date inserted in this block near's effective date on the Die EVI: Other provisions, if any, all lawful business.	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
CV: Effective date, if other the clive date is listed, the date if filing.) he date inserted in this blockment's effective date on the Dict. VI: Other provisions, if any. It lawful business.  REQUIRED SIGNATURE:  Signature than aware the	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
CV: Effective date, if other the clive date is listed, the date if filing.) he date inserted in this blockment's effective date on the Dict. VI: Other provisions, if any. It lawful business.  REQUIRED SIGNATURE:  Signature than aware the	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)