

L18000257246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

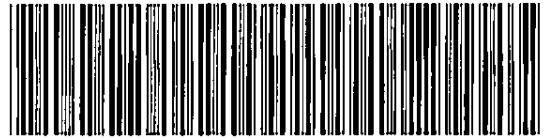
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320619586

11/06/18--01018--007 **78.25

11/06/18--01018--006 **78.75

FILED
2018 NOV -6 PM 1:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
18 NOV -6 PM 1:11
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jacques Family Clean up 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:

Jerome Jacques CEO / Patricia Jacques Manager
Name of Person

Shaketa Brown secretary

190 or 715 NHP Lot 111
Address

Belle Glade FL 33430
City/State and Zip Code

JJ57990512@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Jacques at (561) 261-0681
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

FILED
2018 NOV -6 PM 1:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacques Family Clean Up (LLC) Limited Liability Company
(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:

190 N SR 715 NHP Lot III
Belle Glade FL 33430

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;

Jaime Jacques
Name

190 N SR 715 NHP Lot III
Florida street address (P.O. Box NOT acceptable)
Belle Glade FL 33430
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 NOV - 6 PM 1:34
CLERK OF STATE
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

MGR

CEO

Secretary

—

Name and Address:

Patricia Jacques
190 N. SR 715 MHP Lot 111
Belle Glade, FL 33430

Jerome Jacques
190 N. SR 715 MHP Lot 111
Belle Glade, FL 33430

Shaketa Brown
190 SR 715 MHP Lot 111
Belle Glade, FL 33430

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 6, 2018 (OPTIONAL)

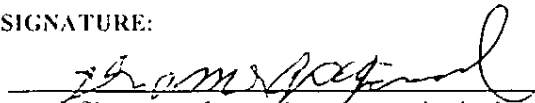
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Only filing to start own company in Florida

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.

Jerome 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)

FILED
2018 NOV -6 11:14
NOTARY PUBLIC
ALY ABRASSE, FLORE