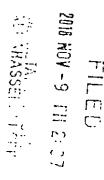
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400320838894



11/09/18--01004--016 **125.00



COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	JR's Business	a Management Services LLC
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	tter to the following:
	Jenn M	Joseph JR Name of Person
-	2011 NW 55th	We Address
-	Landerhill FL 33	ity/State and Zio Code
_		
	E-mail address: (to be used	for future annual report notification)
For further in	formation concerning this matter, please	e call:
	Jeen Joseph and	949 636-5643
_	Name of Person A	rea Code Daytime Telephone Number
fi a dana di la	and and for the fall and a management	
,	a check for the following amount: ing Fee \$\int\\$\frac{1}{30.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

. . . .

The name of the Limited Liability Company is:	
TR's Pusinesses (Must contain the words "Limited Liability Co	Management Services LLC empany, "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:
2011 N.W S5th Ave Apt 905 Landerhill FL 33313	Sane
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lin M Josephame	ph JR MASSE Apt 405
Landothill FL	_
City State	
laving been named as registered agent and to accept service of proce lace designated in this certificate, I hereby accept the appointment as urther agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as registered. Registered significant	s registered agent and agree to act in this capacity. I he proper and complete performance of my duties, and I
(CONTI	(NUED)

PL 33313 Apt 905
N.W 55th AVE FL 33313 Apt 405
FL 33313 Apt 405
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O18 (OPTIONAL)
than five business days prior to or 90 o
y filing requirements, this date will not
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epresentative of a member.
tion 605.0203 (1) (b), Florida Statutes. a document to the Department of State
tion 605.0203 (1) (b), Florida Statutes.
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Filing Fees:

\$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)