L18000267892

(Red	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

HOV, 2 0 2018

· .



100321216901

2011 KOV 20 PH 1:59

i1/20/18--01008--010 **130.00

18 NOV 20 PM 1: 14

COVER LETITER

	·
	New Filing Section Division of Corporations
SUBJEC	Stokes Investments LLC of Jackson Ville
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	George Stokes
	Name of Person
	Stokes Investment LLC
	Firm/Company
	8075 Patou Drive N
	Address
	Jacksonville, Fl 32210
	City/State and Zip Code Georgeblack30@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	George Stokes 904 349!140
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327

Street Address

New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The flattle of the Efficient English Company is.		
Stokes Investments LLC. of Ja (Must contain the words "L	chsonville	
(Must contain the words "L	mited Liability Company, "L.L.	.C.," or "LLC.")
RTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liabi	ility Company is:
Principal Office Addre	<u>ss</u> :	Mailing Address:
8075 Patou Drive N	8075 Pato	
Jacksonville, Fl 32210	Jacksonvi	lle, FL 32210
ReNee Sande	······································	
ReNec Sande	Name	
2212 W. Edg		11.
Florida stree	address (P.O. Box NOT accept	able)
Jacksonville,	FL 32210	***
Cit	y State	Zip
aving been named as registered agent and to accordance designated in this certificate. I hereby accept or or agree to comply with the profisions of all ston familiar with and accept the obligations of my particular with and accept the obligations.	tife appointment as registered ag ututes relating to the proper and c	ent and agree to act in this capacity. I complete performance of my duties, an
	Registered Agent's Signature (DECLUBED)

(CONTINUED)

SOURCETARY LA STATE

AMBR" = Authorized Member	Name and Address:	
MGR" = Manager		
AGR	George Stokes	
Use attachment if necessary)		
filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be	
filing.)	he applicable statutory filing requirements, this date will not be	
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the date on the Department of States.	he applicable statutory filing requirements, this date will not be	
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the department of State VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be	
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the dent's effective date on the Department of State VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be ate's records.	
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the date on the Department of State VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be ate's records.	
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the date on the Department of State VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be ate's records.	
he date inserted in this block does not meet the date inserted in this block does not meet the date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	he applicable statutory filing requirements, this date will not be ate's records. Arker or an authorized representative of a member.	
he date inserted in this block does not meet the date inserted in this block does not meet the date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of a member of the document is executed in I am aware that any false informations.	he applicable statutory filing requirements, this date will not be ate's records. Arkes	

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)