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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	· · · · · · · · · · · · · · · · · · ·

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FILED
2016 NOV 20 PK 4: 33

11/21/18--01001--013 **1230.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: J C F Remodeling 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:
Juan (allos Flius) Name of Person
9819 Blach Blud Address Pahaiha CIty beach FL 32408 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

JCF Remodeling 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 Addres	<u>is</u> :
Paparia City beath Fr Panama city 32408	Blud FL HOS
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 indicanother business entity with an active Florida registration.)	2016 AT
The name and the Florida street address of the registered agent are:	AHE SO
July (allos Fias	HOV 20 JRETARY AHASSEE
Florida street address (P.O. Box NOT acceptable)	PM 4: 33
Palama CITY beach FL 32408	^{ాగ} . చ

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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

Žip

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Jung colles Flias 9619 blach Blud prhamu city blach Fl 3	.240\$	
	AHASSE AHASSE SSAHA	2018 NOV 20	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's (ARTICLE VI: Other provisions, if any.)	cannot be more than five business days prior to or 90 oplicable statutory filing requirements, this date will not	•	
This document is executed in according aware that any false informati constitutes a third degree felony as	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.	۴	

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

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)