1800277964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

K. PAGE DEC 0 5 2018



800321195318

11/30/18--01020--011 **155.00

18 NOV 30 AM 5: 29

COVER LETTER

O: New Filing Section Division of Corporations
UBJECT: Jonshe, LLC Name of Limited Liability Company
Name of Limited Liability Company
he enclosed Articles of Organization and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
John E. Sniffen, Jr. Name of Person
Name of Person
Jonshe, LLC Firm/Company
Firm/Company
4179 Mail Coach Court
Address
Middle bring FL 32068 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Tohn F. Sniffen. Jr. at (904) 251-5325 / 904 738-2136 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
125.00 Filing Fee S130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

	n She, LLC in the words "Limited Lia			
(Must conta	in the words "Limited Lia	bility Con	npany, "L.L.C	.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the L	imited Liabili	ty Company is:
<u>Principa</u>	l Office Address:			Mailing Address:
			is 1 -1 0	a 11 1 Condi Cond
4179 Mail Middle burg	Couch Court		- Mide	1 Nail Ceach Court He burg. FL 32068
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & Cannot serve as its own Rective Florida registration.)	— Registere gistered A	d Agent's Sig	nature:
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & leannot serve as its own Rective Florida registration.)	Registere egistered A gent are:	d Agent's Sig Agent. You mu	nature: ust designate an individual or
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & leannot serve as its own Rective Florida registration.)	Registere egistered A gent are:	d Agent's Sig Agent. You mu	nature: ust designate an individual or
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & Ennot serve as its own Restive Florida registration.) ddress of the registered ag Tohn E. Son	Registered Agent are:	d Agent's Sig Agent. You mu	nature: ust designate an individual or
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & Ennot serve as its own Restive Florida registration.) ddress of the registered ag Tohn E. Son	Registered Agent are:	d Agent's Sig Agent. You mu	nature: ust designate an individual or
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & leannot serve as its own Rective Florida registration.)	Registered Agent are:	d Agent's Sig Agent. You mu	nature: ust designate an individual or
ARTICLE III - Registered Ages The Limited Liability Company of nother business entity with an action of the name and the Florida street a	nt, Registered Office, & Ennot serve as its own Restive Florida registration.) ddress of the registered ag Tohn E. Son	Registered Agent are: Hen, Jame Coal	d Agent's Sig Agent. You mu Jr. h Court	nature: ust designate an individual or ole)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 HOV 30 AM 5: 29

	กา	~ 1 4	\sim 1	т.	IV-
А	КΙ			ır.	IV-

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

Continue of a member of a member of an abuttorized 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. **Typed or printed name of signee **Signature of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	MGR" = Manager MGR	<u>Title:</u> "AMBR" = Authorized Member	
Coptional Conch Couch Co	MGR Sherry M. Southern Night bound (Couch Couch Middle lunar, FC 32008) Sherry M. Southern Night bound (Couch Couch Night bound of 32008) Night bound (Couch Couch Night bound of 32008) Night bound (Couch Night bound of 32008)		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	NGR Shorth Souther Shorth Shorth Shorth Souther Shorth Souther Shorth Shorth Shor		John E. Smitten Jr.
(Use attachment if necessary) EV: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: EV: Effective date, if other than the date of filing: This date will not be more than five business days prior to or 90 during filing requirements, this date will not be ment's effective date on the Department of State's records. EVI: Other provisions, if any. 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. Total E Smifton, Jr. 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)	(Use attachment if necessary) E.V: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. 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. 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)		4179 Mail Conch Court
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		Middle brong FL 32068
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Alc o	11 .44 C C5
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		Micry M. milten
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		Mail Cool Cart
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		Middle main, the 32005
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:	E V: Effective date, if other than the date of filing:		
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. Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	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. Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	(Use attachment if necessary)	
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. Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	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. Typed or printed name of signee Filing Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)		
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. 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)	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. 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)	of filing.) The date inserted in this block does ment's effective date on the Departi	not meet the applicable statutory filing requirements, this date will not be
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)	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)	of filing.) The date inserted in this block does ment's effective date on the Departi	not meet the applicable statutory filing requirements, this date will not be
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)	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)	of filing.) If the date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
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)	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)	of filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
5 S.00 Certificate of Status (Optional)	5 5.00 Certificate of Status (Optional)	of filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
5 S.00 Certificate of Status (Optional)	5 5.00 Certificate of Status (Optional)	of filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee
5 S.00 Certificate of Status (Optional)	5 5.00 Certificate of Status (Optional)	of filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee
5 S.00 Certificate of Status (Optional)	5 5.00 Certificate of Status (Optional)	report filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of the state of the st	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee
		responsible to the filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third constitutes a th	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee
	ELORIE PLORIE	Signature of This document is elam aware that any constitutes a third of \$30.00 Certified Copy (Option	not meet the applicable statutory filing requirements, this date will not be ment of State's records. The amember of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Of Organization and Designation of Registered Agent Section 1. Section 2. Section 3.
~ ~ / *	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Signature of This document is elam aware that any constitutes a third of \$30.00 Certified Copy (Option	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	E- co	Signature of This document is elam aware that any constitutes a third of \$30.00 Certified Copy (Option	not meet the applicable statutory filing requirements, this date will not be ment of State's records. **Comparison of the Comparison of Registered Agent (all) optional) **Total Comparison of Registered Agent (all) optional)