

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	J & J FL ESCAPE, L.L.C.
SOBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
	return all correspondence concerning this matter to the following:
	c/o Daniel Steven Wallace, Esquire
	Name of Person
	Daniel S. Wallace, P.A.
	Firm/Company
	434 N. Grandview Avenue
	Address
	Daytona Beach, FL 32118
	City/State and Zip Code dsw@danielswallacepa.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Daniel S. Wallace, P.A. 386 252-1133
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	O Filing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

J & J FL ESCAPE, L	1.0			
<u> </u>		L 6 "		
(Must con	tain the words "Limited Liabi	lity Company, "I	L.L.C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and street a	address of the principal office	of the Limited L	iability Company is:	
<u>Princi</u>	nal Office Address:		Mailing Address:	
128 Marlin Drive		128 M	Iarlin Drive	
Ormond Beach, FL 32176			Ormond Beach, FL 32176	
RTICLE III - Registered Ag	ent, Registered Office, & R y cannot serve as its own Reg	egistered Agent		
RTICLE III - Registered Agine Limited Liability Companother business entity with an	ent, Registered Office, & R y cannot serve as its own Reg	egistered Agent' stered Agent. Yo	's Signature:	
RTICLE III - Registered Agine Limited Liability Companother business entity with an	ent, Registered Office, & R y cannot serve as its own Reg active Florida registration.)	egistered Agent' stered Agent. Yo	's Signature:	
RTICLE III - Registered Agine Limited Liability Companother business entity with an	ent, Registered Office, & Ry cannot serve as its own Reg active Florida registration.) address of the registered age	egistered Agent' stered Agent. You	's Signature:	
RTICLE III - Registered Agine Limited Liability Companother business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age Jody D. Ferguson	egistered Agent' stered Agent. You	's Signature:	
RTICLE III - Registered Agine Limited Liability Companother business entity with an	gent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age Jody D. Ferguson	egistered Agent' stered Agent. You	's Signature: ou must designate an individual o	
RTICLE III - Registered Agine Limited Liability Companother business entity with an	gent, Registered Office, & R. y cannot serve as its own Reg active Florida registration.) address of the registered age Jody D. Ferguson Na 128 Marlin Drive	egistered Agent' stered Agent. You are:	's Signature: ou must designate an individual o	

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)

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

	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	AMBR	Eileen Jill Welch
		445 Orchard Ridge Drive
		Petoskey, MI 49770
	AMBR	Jody D. Ferguson
	 _	128 Marlin Drive
		Ormond Beach, FL 32176
		
		
		
	(Use attachment if necessary)	
RTI	CLE V: Effective date, if other than the d	late of filing: January 1, 2019 (OPTIONAL)
		specific and cannot be more than five business days prior to or 90 days after
	ite of filing.)	
		ot meet the applicable statutory filing requirements, this date will not be listed a
	ocument's effective date on the Departme	
ARTI	CLE VI: Other provisions, if any.	
	-	
_		
	REQUIRED SIGNATURE:	
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	<u>Opene On y</u>	mouninat.
	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.

JODY D. FERGUSON

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)

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