

L19000109346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

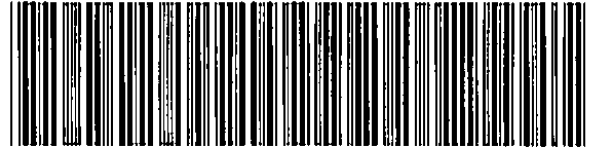
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/16/19--01001--020 **155.1

FILED
19 APR 18 AM 10:00
SEATTLE, WA
FALLMANN, J. GORDA

N CULLIGAN

APR 30 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JLT Realvest 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:

George Torres

Name of Person

JLT Reaivest LLC

Firm/Company

P.O. Box 195444

Address

Winter Springs, Florida 32719-5444

City/State and Zip Code

torresg42@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Torres

216

647-5730

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JLT Realvest 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:

1040 Winding Waters Cir

Winter Springs

Florida 32708-6324

Mailing Address:

P.O. Box 195444

Winter Springs

Florida 32719-5444

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

George Torres

Name

1040 Winding Waters Cir

Florida street address (P.O. Box **NOT** acceptable)

Winter Springs

Florida

32708-6324

City

State

Zip

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)

FILED
19 APR 18 PM 0:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

George Torres

1040 Winding Waters Cir

Winter Springs, Florida 32708-6324

AMBR

Leonard G Torres

1040 Winding Waters Cir

Winter Springs, Florida 32708-6324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/22/2019. (OPTIONAL)

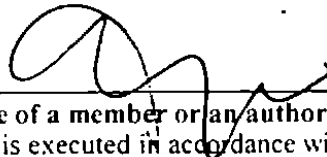
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Real Estate Management and Investment

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.

George Torres

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)

FILED
APR 18 PM 0:00
TALLAHASSEE, FLORIDA