

L19000132326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

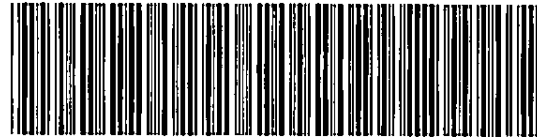
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF STATE
REGISTRATION
19 MAY 23 PM 4:35

C RICO

MAY 23 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Joe Numb 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:

Frank Johnson Jr.
Name of Person

Firm/Company

1230 SW 8TH Way
Address

Pembroke Pines FL 33025
City/State and Zip Code

Dumbinkthoo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariah Johnson at (954) 802-7700
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

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RECEIVED
DIVISION OF CORPORATIONS
MAY 23 2019

ARTICLE I - Name:

Joe Numb LLC

1230 SW 87th Way
Pembroke Pines FL
33025

FRANK Johnson Jr

Name _____

1230 SW 87th Way


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

Pembroke Pines, FL 33025

City

State

Zip


Registered Agent's Signature (REQUIRED)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 May 23 771 4:35

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days 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 as the document's effective date on the Department of State's records.

ARTICLE 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)