

Division of Corporations

L19000167276

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000207879 3)))



H190002078793ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rlyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO.

~~Jasper, LLC~~ JASPER NAPLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

See Letter No. 619A00013748

Electronic Filing Menu

Corporate Filing Menu

Help



July 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LYONS & LYONS

SUBJECT: JASPER, LLC
REF: W19000062687

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Naysa Culligan
Regulatory Specialist II

FAX Aud. #: B19000207879
Letter Number: 619A00013748

(((H19000207879 3)))

**ARTICLES OF ORGANIZATION
OF
JASPER NAPLES, LLC**

ARTICLE I – NAME

The name of the limited liability company is **Jasper Naples, LLC**, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**2338 Immokalee Road, Suite 158
Naples, Florida 34110**

Mailing Address:

**2338 Immokalee Road, Suite 158
Naples, Florida 34110**

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

L&L PARA, Ltd. Co.

**27911 Crown Lake Boulevard, Suite 209
Bonita Springs, Florida 34135**

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.

L&L PARA, Ltd. Co., a
Florida limited liability company

By: 

**Richard D. Lyons
Its: Manager**

ARTICLES OF ORGANIZATION OF JASPER NAPLES, LLC

(((H19000207879 3)))

2019 JUL -9 PM 10:40
JUL 9 2019

(((H19000207879 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

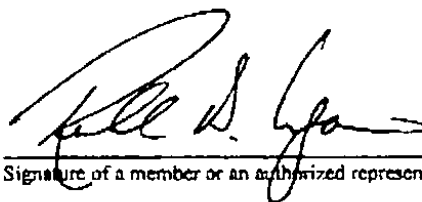
"AMBR" = Authorized Member

MGR

Name and Address:**Thies Pickenpack**

2338 Immokalee Road, Suite 158

Naples, Florida 34110

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.

Richard D. Lyons

Typed or printed name of signee

(((H19000207879 3)))