

L19000240805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

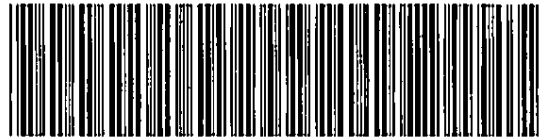
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/19--01004--001 **130.00

2018 OCT -7 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL

000330117760

N CULLIGAN
10/7/19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JASHCOM "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:

Jean Julio St-Simon
Name of Person

Firm/Company

556 Edgebrook Lane
Address

West Palm Beach FL 33411
City/State and Zip Code

J.Simon4297@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Julio St-Simon at (561) 460-0518
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

RE: Document # W19000057402

- ☐ \$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



2019-09-07 PM 3:23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

JEAN JULIO ST-SIMON
556 EDGEBROOK LANE
WEST PALM BEACH, FL 33411

SUBJECT: JASHCOM "LLC".
Ref. Number: W19000080524

We have received your document for JASHCOM "LLC". and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE III and the Registered Agent must sign.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 419A00018148

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JASHCOM "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:

556 Edgebrook Lane
West Palm Beach
FL 33411

Mailing Address:

556 Edgebrook Lane
West Palm Beach
FL 33411

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:

JEAN JULIO ST SIMON
Name

556 edgebrook lane
Florida street address (P.O. Box **NOT** acceptable)
West palm beach FL 33411
City State Zip

2013 OCT -7 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL

NOTED

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..

JEAN JULIO ST SIMON
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JEAN Julio ST-Simon
556 Edgbrook Lane
West Palm Beach FL 33411

(Use attachment if necessary)

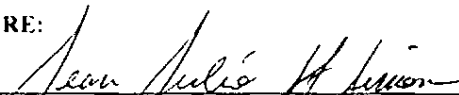
ARTICLE V: Effective date, if other than the date of filing: 06/18/2019 (OPTIONAL)

(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.

JEAN Julio St-Simon

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
2019 OCT -7 PM 3:50
DEPARTMENT OF STATE
TALLAHASSEE, FL