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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

, , ,

TO: New Filing Section Division of Corporations
SUBJECT: Jureit Enterprises, LLC Name of Limited Liability Company
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:
12051 Jurait
Name of Person
Firm/Company
6194 Windsor Farme Road
Address
Summerfield, NC 27358 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Cornorations Division of Cornorations

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

The name of the Limited Liability Company is:	
Jureit Enterpri	ses LLC
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
270 South Golf Drive	270 South Golf Driva
A) al . E . 74103	All All Stilles

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:

April	Major	
****	Name	
270 500	th Golfi	Drive
Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
Naples	FL	34102
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	A a s. I Munist
AMBR	April Mujor 270 South GOLF Drive
	Naples , FL 34107
AMBR	William F. Juruit
	1946 Vidanta Placa
	Hollywood, CA 90068
AMBR	Ross Jurait
	6194 Windsor Farme Road
	Summerfield, NC 27358
(Use attachment if necessary)	
TCLE V: Effective date, if other than the	date of filing: January 1, 2020 . (OPTIONAL)
TCLE V: Effective date, if other than the	date of filing: Tancary 1, 2020. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
TCLE V: Effective date, if other than the n effective date is listed, the date must b late of filing.)	e specific and cannot be more than five business days prior to or 90 days
TCLE V: Effective date, if other than the n effective date is listed, the date must blate of filing.) E: If the date inserted in this block does r	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
TCLE V: Effective date, if other than the n effective date is listed, the date must b late of filing.)	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
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Filing Fees:

Typed or printed name of signee

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.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)