

2000018109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

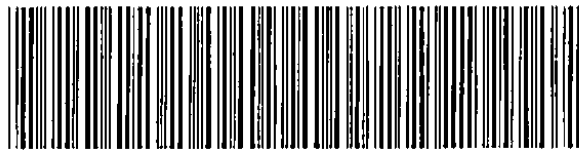
pies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only

JAN 24 2020

T. SCOTT



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01/24/20--01005--018 **160.00

20 JAN 24 AM 11:22

2020 JAN 24 AM 11:43

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: _____
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:

Justin Allison Williams
Name of Person

Firm/Company

8251 Balmain Drive
Address

Tallahassee FL 32311
City/State and Zip Code

j-skip2005@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Williams at (850) 758-0545
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LE I - Name:

Name of the Limited Liability Company is:

J Will handyman service, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

LE II - Address:

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

Principal Office Address:

Mailing Address:

8251 Belmoral Drive
Tallahassee FL 32311

LE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Justin Williams

Name

8251 Belmoral Drive

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

Tallahassee

City

FL

State

32311

Zip

I, Justin Williams, being named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Justin Williams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 JAN 24 AM 11:40
TALLAHASSEE, FL

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:

Justin Allison Williams
5251 Belmont Park
Tallahassee FL 32311

(Use attachment if necessary)

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

effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

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

CLE 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.

Justin Allison Williams

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)