## L2000000 825

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

TO:	New Filir Division of	ng Section of Corporations		
SUBJEC	JSA (	Custom Woodcrafts LLC		
		Name o	f Limited Liabi	lity Company
The encl	losed Artic	les of Organization and fee(	s) are submitte	d tor filing.
Please re	tum all co.	rrespondence concerning thi	is matter to the	following:
	James !	Meyer		
			Name o	f Person
	JSA Cı	ustom Woodcrafts		
			Firm/Co	ompany
	106 231	rd Ave SE		
			Addi	ress
	St Peter	rsburg, Fl 33705		
	ivmever(	@aol.com	City/State an	d Zip Code
		<del></del>	sed for future a	annual report notification)
or further	informatio	on concerning this matter, pl		· · · · · · · · · · · · · · · · · · ·
	James M	•	,727	420-6153
	<del>- ·</del>	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check	for the following amount:		
]\$125.001		\$130.00 Filing Fee & Certificate of Status		of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ne Di P.0	ailing Address ew Filing Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	:	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallabassee, Fl. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
. ,	
JSA Custom Woodcrafts LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
A DESCRIPTION AND A STATE OF THE STATE OF TH	
ARTICLE II - Address:	_
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
<del>-</del>	
106 23rd Ave SE	106 23rd Ave SE
St Petersburg, FI 33705	St Petersburg, F1 33705
ADMICLE III D. C. A. D. D. A. D. D. A. D.	
ARTICLE III - Registered Agent, Registered Office, & Reg	gistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis	tered 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:
James Meyer	
Nam	e

Name

106 23rd Ave SE

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

St Petersburg F! 33705

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)

Title:		
	a al. t. the r	Name and Address:
AUVIDK =	Authorized Member	
"MGR" = N MGR	danager	
MOR	<del>_</del>	James Meyer
		106 23rd Ave SE
		St Petersburg, FI 33705
	<del></del>	
<del></del>	<del></del>	
		<del></del>
	<del></del>	
FICLE V: Effecti	nent if necessary)  ive date, if other than the date of fi	ling: 1/1/2020 (OPTIONAL)
TICLE V: Effection effective date is date of filing.) te: If the date inse	ive date, if other than the date of fits listed, the date must be specific erted in this block does not meet tive date on the Department of St	c and cannot be more than five business days prior to or 90 days afte the applicable statutory filing requirements, this date will not be listed.
TICLE V: Effection effective date is date of filing.) te: If the date insert document's effect TICLE VI: Other	ive date, if other than the date of fits listed, the date must be specific erted in this block does not meet tive date on the Department of St provisions, if any.	c and cannot be more than five business days prior to or 90 days afte the applicable statutory filing requirements, this date will not be listed.
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TICLE V: Effection effective date is date of filing.) te: If the date insert document's effect TICLE VI: Other	ve date, if other than the date of fits listed, the date must be specific erted in this block does not meet tive date on the Department of St provisions, if any.  Signature of a membe This document is executed in I am aware that any false info	c and cannot be more than five business days prior to or 90 days afte the applicable statutory filing requirements, this date will not be listed.
TICLE V: Effection effective date is date of filing.)  (e: If the date inside document's effective transfer of the file of the	ve date, if other than the date of fits listed, the date must be specific erted in this block does not meet tive date on the Department of St provisions, if any.  Signature of a membe This document is executed in I am aware that any false info	the applicable statutory filing requirements, this date will not be listed state's records.  For or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)