# 2000 1005

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

239 14 2020

T. SCOTT



200337890152



April 1, 2020

POP CELEBRATIONS BY SJ, LLC 5 JASMINE DRIVE PALM COAST, FL 32137

We have received your document for POP CELEBRATIONS BY SJ, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

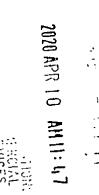
Member must sign and print name on page 2,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 520A00007092



# COVEX LETTER

	ew Filing Section ivision of Corporations	
SUBJECT:	Name of Limited Liability Company	LLC
The enclosed	ed Articles of Organization and fee(s) are submitted for filing.	
Please return	rn all correspondence concerning this matter to the following:	
_	Sheria A. Jones Name of Person	_
_	Cop Decor LLE Pop Lelebrations by S	J, L
-	5 Jasmine Drive Address	-
_	Palin Coast, Fl. 33137 City/State and Zip Code	-
_	E-mail address: (to be used for future annual report notification)	-
For further infe	iformation concerning this matter, please call:	
	Mame of Person Area Code Daytime Telephone Number	
Enclosed is a	a check for the following amount:	
/j\$125.00 Filir	Sing Fee \$\ \text{Status} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

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

### ARTICLE II - Address:

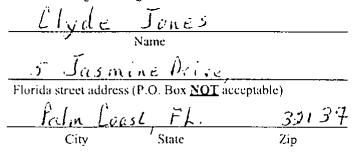
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5 Jasmine Drive	5 Jasmine Diive
Palm Coast, Florida 32131	Palm Coast Florida 32137

## 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:



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 Skerra R. Joacs, Hill	
4A (7 A	
MER	Sherra A. Jones 5 Jasiniae Orive
	5 Jasmine Orive Falm Coast, FL. 32137
<del></del>	
<del> </del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filir	ne: February 1, 1020 (OPTIONAL)
(If an effective date is listed, the date must be specific a the date of filing.)	and cannot be more than five business days prior to or 90 days after
1	e applicable statutory filing requirements, this date will not be listed as e's records.
ARTICLE VI: Other provisions, if any.	
DEQUIDED SIGNATURE.	
REQUIRED SIGNATURE:	a. Jour
Signature of a member	or an authorized representative of a member. secondance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false inforr	mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)