

4/29/2020

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Division of Corporations

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Florida Department of State

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Division of Corporations

USE ORIGINAL FILE

Electronic Filing Cover Sheet

DATE 4/29/20

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## J&amp;C Florida Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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# FAX



**To: Division of Corporations**

Company:

Fax: 850-617-6381

Phone:

**From:**

Fax:

Phone: 8505581500 x62968

E-mail: [Amanda.Robinson@cscglobal.com](mailto:Amanda.Robinson@cscglobal.com)

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## NOTES:

273622-5



April 30, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: J&C HOLDINGS, LLC.  
REF: W20000042945

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number of the name conflict is L16000119608.

If you have any further questions concerning your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H20000125719  
Letter Number: 020A00008952

## COVER LETTER

TO: New Filing Section  
Division of Corporations

J&C Florida Holdings, LLC

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:

ROY T. MILDNER

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

423 DELAWARE AVENUE

\_\_\_\_\_  
Address

FT. PIERCE, FL 34950

\_\_\_\_\_  
City/State and Zip Code

RMILDNER@FLORIDALEGAL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROY T. MILDNER

772

216-7794

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

J&amp;C Florida Holdings, 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:Mailing Address:423 DELAWARE AVENUE  
FT. PIERCE, FL 34950423 DELAWARE AVENUE  
FT. PIERCE, FL 34950

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ROY T. MILDNER

Name

423 DELAWARE AVENUE

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

FT. PIERCE

FL

34950

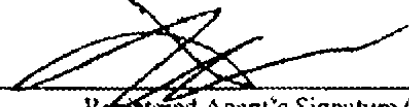
City

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.

By

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
 2020 MAY -4 AM 7:41  
 STATE  
 OF FLORIDA

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**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:**MGR
ROY T. MILDNER  
423 DELAWARE AVENUE  
FT. PIERCE, FL 34950

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.
ROY T. MILDNER

Typed or printed name of signer

**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)

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