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PICK-UP WAIT MAIL

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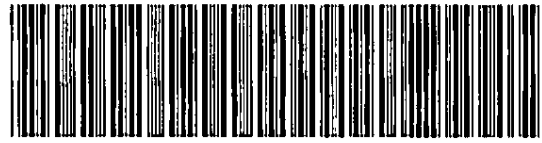
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Special Instructions to Filing Officer:

Office Use Only

JUN 22 2020

T. SCOTT



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2020 JUN 19 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 11807



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2020

JAMES T. CURTIN, LLC
660 WREN DR
CASSELBERRY, FL 32707

SUBJECT: JAMES T. CURTIN JR
Ref. Number: W20000061807

We have received your document for JAMES T. CURTIN JR and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return 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.

Lillie S Kervin
Regulatory Specialist II

Letter Number: 920A00012032

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JAMES T. CURTIN, LLC
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:

JAMES T. CURTIN JR
Name of Person
JAMES T. CURTIN, LLC
Firm/Company
660 WREN DR
Address
CASSELBERRY, FL 32707
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES T. CURTIN JR 407 535-5408
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:

JAMES T. CURTIN, 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:

JAMES T. CURTIN JR

Mailing Address:

660 WREN DR
CASSELBERRY, FL 32707

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:

JAMES T. CURTIN JR

Name

660 WREN DR

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

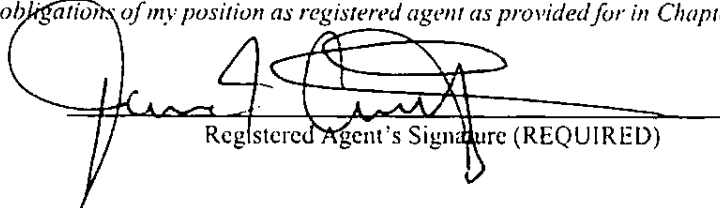
CASSELBERRY, FL 32707

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)

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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:

AMBR

JAMES T. CURTIN JR
660 WREN DR
CASSELBERRY, FL 32707

MGR

JAMES T. CURTIN JR
660 WREN DR
CASSELBERRY, FL 32707

(Use attachment if necessary)

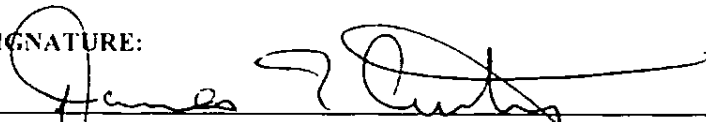
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

JAMES T. CURTIN JR

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)