

L20000203431

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : PEDRO LUZQUINOS
Account Number : T20179000042
Phone : (954) 655-8412
Fax Number : (954) 432-0807

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

Email Address: PLUZQUINOS1P@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO.
JB CLEANING SERVICES SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 21 AM 9:32

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REGISTRATION SERVICES

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T. BURCH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JB CLEANING SERVICES SOLUTIONS 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:

EVARISTO ZAPATA

Name of Person

Firm/Company

720 SW 68TH TER

Address

PEMBROKE PINES, FL 33023

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

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

For further information concerning this matter, please call:

EVARISTO ZAPATA

305

915-5622

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H200002726553

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JB CLEANING SERVICES SOLUTIONS 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:720 SW 68TH TER
PEMBROKE PINES, FL 33023720 SW 68TH TER
PEMBROKE PINES, FL 33023

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:

EVARISTO ZAPATA

Name

720 SW 68TH TERFlorida street address (P.O. Box **NOT** acceptable)PEMBROKE PINES FL 33023

City

State

Zip

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TALLAHASSEE, FLORIDA

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.

Evaristo Zapata

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

AMBR

Name and Address:

EVARISTO ZAPATA

720 SW 68TH TER

PEMBROKE PINES, FL 33023

AMBR

JENNY CAPELLAN

720 SW 68TH TER

PEMBROKE PINES, FL 33023

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TALLAHASSEE, FLORIDA

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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:***Evaristo Zapata*

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.

EVARISTO ZAPATA

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)

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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

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

Email Address:

LINDAB@JPFIRM.COM**FLORIDA LIMITED LIABILITY CO.****1959 EAGLES NEST RD 28786, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
BUSINESS SERVICES

**ARTICLES OF ORGANIZATION
OF
1959 EAGLES NEST RD 28786, LLC**

The undersigned, acting as the organizer of a limited liability company to be formed under the Florida Limited Liability Company Act, as amended (the "Act"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles"):

ARTICLE I

Name

The name of this Company shall be: 1959 EAGLES NEST RD 28786, LLC

ARTICLE II

Place of Business

The principal place of business and the mailing address shall be 4051 Madison Street, Suite 8, New Port Richey, Florida 34652, and such other place or places as may be designated by the manager from time to time.

ARTICLE III

Registered Agent and Office

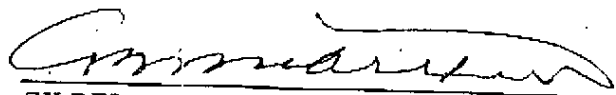
The initial registered agent for this Company shall be Gilbert B. McArthur and the address of the registered agent for service of process shall be 6 Belleview Blvd. #308, Clearwater, Florida 33756.

ARTICLE IV

Management of Business

The Company shall be manager-managed. The initial manager shall be Gilbert B. McArthur, whose address is P.O. Box 2949, Clearwater, Florida 33757.

The undersigned has executed these Articles of Organization this 20th day of July 2020.


GILBERT B. MCARTHUR, Manager

Prepared By:

Bruce H. Bokor, Esquire
Johnson, Pope, Bokor, Ruppel & Burns, LLP
911 Chestnut Street
Clearwater, Florida 33756
(727) 461-1818
Bar No. 0150340

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
AND ACCEPTANCE OF REGISTERED AGENT

The undersigned, having been named Registered Agent and designated to accept service of process for the above-stated Company, at 6 Belleview Blvd. #308, Clearwater, Florida 33756, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties hereunder.

Dated this 20th day of July 2020.


GILBERT B. MCARTHUR

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