

L20000225377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

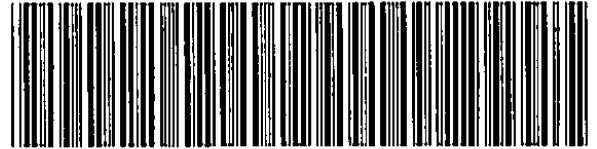
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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20 JUN -5 PM 12:45

C RICO
JUN 5 2020

W200000060678

July 9, 2020

Joseph Collins
212 Sussex Rd.
Swedesboro, NJ 08085

Florida Dept of State
Division of Corporations
New Filings Section
P.O. Box 6327
Tallahassee, FL 32314

Re: PJC ENTERPRISES OF CENTRAL FLORIDA, LLC
(Corrected Resubmission)

Dear Sir or Madam,

I am in receipt of your letter dated June 16, 2020 stating that our filing was missing information. We apologize for the error due to an administrative oversight.

Accordingly, we have completed the missing section in Article II of the Articles of Organization which now properly reflect our principal office address, etc. As such, we have enclosed a copy of the letter your agency sent along with a resubmitted and corrected Articles of Organization.

Again, we apologize for any confusion this may have causes. Thank you in advance for your understanding, patience and cooperation. We look forward to you promptly processing our LLC documents.

Regards,

A handwritten signature in black ink, appearing to read "Joseph Collins", is written over the printed name.

Joseph Collins
Manager

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PJC ENTERPRISES OF CENTRAL FLORIDA, 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:

JOSEPH COLLINS

Name of Person

Firm/Company

212 SUSSEX RD

Address

SWEDESBORO, NJ 08085

City/State and Zip Code

pjcenterprises@gmail.com

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

For further information concerning this matter, please call:

JOSEPH COLLINS

856

889-9169

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:

PJC ENTERPRISES OF CENTRAL FLORIDA, 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:

8505 CRYSTAL COVE LOOP
KISSIMMEE, FL 34747

Mailing Address:

212 SUSSEX RD
SWEDESBORO, NJ 08085

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:

ERIC HARWOOD

Name

895 SPRING PARK LOOP

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

CELEBRATION

FL

34747

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)

20 JUN - 5 PM 12:45
DIVISION OF CORPORATE REGISTRATION

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

PATRICE COLLINS

212 SUSSEX RD

SWEDESBORO, NJ 08085

MGR/AMBR

JOSEPH COLLINS

212 SUSSEX RD

SWEDESBORO, NJ 08085

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 1, 2020. (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 at 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 on 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.

PATRICE COLLINS

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)

20 JUN -5 PM 12:45
RECEIVED
CLERK OF COURT
JULY 1, 2020