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(Rec	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
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(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doc	cument Number)	-
Certified Copies		
Special Instructions to F	Filing Officer	

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VISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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		PICK U	JP:	10/15/2020		
		CERTIFIED COPY				
	XX	PHOTOCOPY				
		CUS				
	xx	FILING	LLC	 		- U., M L.
1.		JRR MARKETING LLC				
-		(CORPORATE NAME AND DOCUME	NT #)			
2.						
		(CORPORATE NAME AND DOCUME	NT #)			
3.		(CORPORATE NAME AND DOCUME	NIT #\			
		(CORPORATE NAME AND DOCUME	N1 #)			
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		(CORPORATE NAME AND DOCUME)	VT #)		···	
	ECIA TRU	L ICTIONS:				
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COVER LETTER

TO: New Filing Section Division of Corpo			
SUBJECT:	JRR M	larketing	
	Name of Lis	mited Liability Company	
The enclosed Articles of Or	ganization and fee(s) ar	re submitted for filing.	
Please return all correspond	ence concerning this m	atter to the following:	
·	Jeln	Name of Person	• • • • • • • • • • • • • • • • • • • •
	JRS	Rarketing Firm/Company	
		Firm/Company	
<u> </u>	o W. Atlant		
Nolo	m. Racil	Address	
	ord brown (FL 33445 City/State and Zip Code	
	anthon-	for future annual report notificat	on
For further information conce	•	- ·	ion)
John Name of	Robinson at (511 714 43 8 urea Code Daytime Telephor	Number
Enclosed is a check for the fi		and the second seconds	as realised
\$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)
P.O. Box 6	Section f Corporations	Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LE I - Name: e of the Limited Liability Company is:						
	JRR Marketing (Must contain the words "Limited Lia	レし <u>し</u> bility Com	pany, "L.L.C.,	or "LLC."	")		-
	LE II - Address: ling address and street address of the principal office						
	Principal Office Address:			Mailing A	Address:		
	2206 W. Atlantic Ave #20, Delray Beach EL 33445	<u>_</u>	5306	W. Ad Beach	Flantic A FL 33'	145 145	ンめ
(The Li	LE III - Registered Agent, Registered Office, & mited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered A			an individual	or	
The nan	ne and the Florida street address of the registered ag	gent are:					
		Robin iame	son		_		
				^\			
-	<u> 入わら </u>				_		
•	Moray Brach	FL	3	3445	_		
	City	State		Zip			
place des	been named as registered agent and to accept service signated in this certificate, I hereby accept the appoint gree to comply with the provisions of all statutes relations with and accept the obligations of my position as	itment as re ting to the p regintered o	gistered agent o proper and com	ind agree to plete perfori ed for in Cha	act in this co mance of my	ipacity. duties, i	I
		CONTINU	J ED)		Mal Masselvel	2020 OCT 15 PM12: 26	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	John Robbinson
	De Tray Beach FL 33445
	
 	
(Use attachment if necessary)	
f an effective date is listed, the date must be s ie date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days afte timeet the applicable statutory filing requirements, this date will not be listed at of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	0 5.
<u> </u>	yw
This document is exec I am aware that any fal	neproper or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
	Toka Debinion Typed or printed name of signee

as

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)