## L20000386543

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 573018\_ AUTHORIZATION : \$ 130.00 COST LIMIT : ORDER DATE : December 15, 2020 ORDER TIME : 11:32 AM ORDER NO. : 573018-005 CUSTOMER NO: 7977112 DOMESTIC FILING NAME: JUMP START OF NAPLES, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX\_\_\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CORPORATION SERVICE COMPANY

## COVER LETTER

	w Filing Section vision of Corporations				
ann recen	Jump Start of Naples, LI	.C, a Florida lii	nited liab	ility company	
SUBJECT:		Name of Limit	ed Liabili	y Company	
The enclose	d Articles of Organization	and fee(s) are s	ubmitted	for filing.	
Please retur	n all correspondence conce	rning this matte	er to the fo	ollowing:	
	Samuel F. Colburn, Esq.				
			Name of	Person	
	Woods, Weidenmiller, M	chetti & Rudni	ck, LLP		
		_	Firm/Cor	npany	
	9045 Strada Stell Court, S	uite 400			
			Addre	:\$5	
	Naples, FL 341090				
	colbum@lawfirmnaples.c	•	y/State and	I Zip Code	
_			er future a	nual report notification	on)
For further in	formation concerning this	matter, please c	:all:		
	Samuel F. Colburn, Esq.	239 at (		325-4070	
-	Name of Person		a Code	Daytime Telephone	Number
Enclosed is	a check for the following a	imount:			
□\$125.00	Filing Fee S130.00 Certificate		Certifie	i.00 Filing Fee & d Copy Il copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address			Street Address	
	New Filing Section Division of Corpora	tions		New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327			2415 N. Monroe Stree	·
	Tallahassee, FL 323	14	•	Fallahassee, FL 32301	3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jump Start of Na (Must c	ples, LLC. contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
Naples, FL 3411			9 Pembroke Way les, FL 34113		
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its own an active Florida registration	n Registered Agent. 'on.)	nt's Signature: You must designate an individu	2020 DEC	) 1
	WWMR Statutory A		a limited liability com	C 15	
		Name			زد
	9045 Strada Stell Co			AH S	, - <del></del>
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	9: 5	* - 200
	Naples City	FL State	34109 Zip	7	
place designated in this certific further agree to comply with the	ed agent and to accept serv ate, I hereby accept the app e provisions of all statutes r e obligations of my position	vice of process for the pointment as registere relating to the proper	above stated limited liability co ed dgent and agree to act in this and complete performance of m as provided for in Chapter 605, i	capacity. I sy duties, and I	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Dawn C. Brown
Marc	6449 Peinbroke Way
	Naples, FL 34113
AMBR	David F. Brown
AMBR	6449 Pembroke Way
	Naples, FL 34113
	<del></del>
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does locument's effective date on the Depart ICLE VI: Other provisions, if any	the date of filing: December 14, 2020 (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days a sont meet the applicable statutory filing requirements, this date will not be list timent of State's records.
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does locument's effective date on the Depart ICLE VI: Other provisions, if any, and all lawfuly business.  REOUIRED SIGNATURE:  Signature of This document is a law aware that any	be specific and cannot be more than five business days prior to or 90 days a s not meet the applicable statutory filing requirements, this date will not be list timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. and all lawfuly business.  REQUIRED SIGNATURE:  Signature of This document is a lam aware that any	s not meet the applicable statutory filing requirements, this date will not be list timent of State's records.  C. Buw f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)