

L21000009625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT



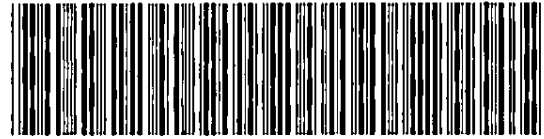
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 12 AM 6:32
JAN 12 PM 5:01
TALLAHASSEE
FLORIDA

Handwritten signature/initials: R-B-2

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Juiceman Mechanics LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELEINE TALEGRAND

Name of Person

365 BIZ FILING LLC

Firm/Company

2550 OKEECHOBEE BLVD, SUITE C

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

info@365bizfiling.com

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

For further information concerning this matter, please call:

MICHELEINE TALEGRAND 561 351-9260
Name of Person at 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:

JUICEMAN MECHANICS 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:

164 SE 26th AVE
Boynton Beach, FL 33435

Mailing Address:

164 SE 26th AVE.,
Boynton Beach, FL 33435

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.)

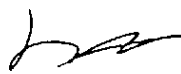
The name and the Florida street address of the registered agent are:

Excelomano Daniel
Name

164 SE 26th AVE
Florida street address (P.O. Box NOT acceptable)

<u>BOYNTON BEACH</u>	<u>FL</u>	<u>33435</u>
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)

2021 JAN 12 AM 8:37

EL

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

Excelomano Daniel

164 SE 26th AVE.

Bovnton Beach fl 33435

(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.

Excelomano Daniel

Typed or printed name of signer

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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2021 JAN 12 AM 8:37
CLERK OF THE COURT
JAN 12 2021