

**L21000014708**  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CENTRAL FLORIDA TAX AND ACCOUNTING SERVICES INC.  
Account Number : I20200000096  
Phone : (407)298-3900  
Fax Number : (407)298-0660

2021 JAN 19 AM 8:30

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
JOSH DUCLOS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	004
Estimated Charge	\$130.00

21 JAN 19 PM 3:41



January 14, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CENTRAL FLORIDA TAX AND ACCOUNTING SERVICES INC.

SUBJECT: MA MAISON LLC  
REF: W21000003938

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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James G Harris  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H21000016983  
Letter Number: 121A00000896

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JOSH DUCLOS LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**MAILING ADDRESS: P.O BOX 216  
ASTATULA, FL. 34705**

**PHYSICAL ADDRESS: 3950 N. EICHELBERGER RD  
TAVARES, FL. 32778**

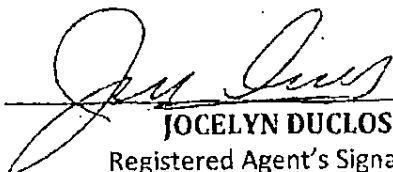
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**JOCELYN DUCLOS  
3950 N. EICHELBERGER RD  
TAVARES, FL. 32778**

*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..*

  
**JOCELYN DUCLOS**  
Registered Agent's Signature

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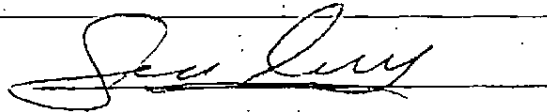
**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**JOCELYN DUCLOS - MGRM**  
**3950 N. EICHELBERGER RD**  
**TAVARES, FL 32778**

**ARTICLE V: Effective date, if other than the date of filing: 1/11/2021**

(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.)



**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. )

**JOCELYN DUCLOS**  
Typed or printed name of signee

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STATE OF FLORIDA  
DEPARTMENT OF STATE