# L21000025203

(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:			



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SAM 2 8 2021

T. SCOTT



January 8, 2021

DONNA JONES 1726 WEST 23RD STREET JACKSONVILLE, FL 32209

SUBJECT: JAMES DIVERSIFIED SERVICES

Ref. Number: W21000001750

We have received your document for JAMES DIVERSIFIED SERVICES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 921A00000410

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

# COVER LETTER

TO: New Filing Sec Division of Co.				
SUBJECT: JG	Name of Lir	inited Liability Company	<u>ES</u>	
The enclosed Articles of	Organization and fee(s) ar	e submitted for filing.		
Please return all correspo	ondence concerning this ma	atter to the following:		
	<u> </u>	Name of Person		
	ames Di	VESSIFIED	Services	
	1726 W	est 23rd	Street	
•	T- 1/2		0000	
Jacksmuille, Honda 32209 City/State and Zip Code				
City/State and Zip Code  denialsheeleg13 & Gined. Con				
E-mail address: (to be used for future annual report notification)				
For further information cor	ecerning this matter, please	call:		
	of Person Ar	rea Code Daytime Telephone	SIT2 c Number	
Enclosed is a check for th	e following amount:			
LYS125.00 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	Street Address	. • • •	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

Must contain the words "Limited Liability Company "LLC" or "LC")

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1726 West 23-21 Street	1724 West 23rd Street
32269	32709

#### 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:

Name

Name

1726 W 23 Street

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

Tacksondle Fl. 32209

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $A11B^{2}$	DOMA DAMES 1126 (DAT- 120) START SACKSON HOLE - 3227
_116R	Kenny Janks 1116 Will 25 Hast Sock Consile 14. 3009
(If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does no	ate of filing:
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	nt of State's records.
REQUIRED SIGNATURE:	2- Anso
This document is exec 1 am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

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

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)

## Scott, Tyrone K.

From: Donna James <donnawheeler13@gmail.com>

Sent: Tuesday, January 26, 2021 3:44 PM

To: Scott, Tyrone K.

**Subject:** James Diversified Services

#### EMAIL RECEIVED FROM EXTERNAL SOURCE

Mr. Scott,

This is Donna James, CEO of James Diversified Services. I'm not sure of the information you are requesting from me other than my company's new name change which should appear James Diversified Services LLC, 1726 West 23rd Street Jacksonville, Florida 32209.

I also received the correspondence you sent back to me dated 1/8/21, on Monday 1/18/21, for me to make corrections of adding the LLC at the end of the company name. I complied and sent it back out in the mail to you on Tuesday 1/19/21. I would really like to speak with you. I have a few questions to ask.

Thank you for your time and consideration pertaining to this matter.

Donna James

# Scott, Tyrone K.

From: Donna James <donnawheeler13@gmail.com>

**Sent:** Tuesday, January 26, 2021 3:50 PM

**To:** Scott, Tyrone K.

# EMAIL RECEIVED FROM EXTERNAL SOURCE

85-4291325