L21000096488

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

1



02/01/21--01018--018 **125.00

2021 FE3 -1 7:1 7:02 : ;---:) ;

-			
Y	ÓOVE	R LETTER	
	ew Filing Section vision of Corporations		
SURIFCT	Jet i Johnson Computer Master LLC		
5000601	Name of Limite	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	ed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please retur	m all correspondence concerning this matte	r to the following:	
	Steven C. Johnson		
		Name of Person	
	Jet i Johnson Computer Master LLC		
		Firm/Company	, ,,, , , , , , , , , , , , , , ,
	624 South Clara Avenue, Apt 1		
		Address	
	Deland, FL 32720		
	-	/State and Zip Code	<u> </u>
_	stevojonzun@gmail.com E-mail address: (to be used fo	r future annual report notification	
For further in	iformation concerning this matter, please ca		
	Steven C. Johnsonat ()	
	Name of Person Area	Code Daytime Telephone N	lumber
Enclosed is	a check for the following amount:		
121\$125,00	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)
	<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Divis The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Jet i Johnson Computer Master LLC

(Must conatin 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:	Mailing Address:
624 South Clara Avenue. Apt 1	624 South Clara Avenue. Apt 1
Deland, FL 32720	Deland, FL 32720

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:

Steven C. Johnson		
	Name	
624 South Clara A	venue, Apt I	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
Deland	FL	32720
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)



• • • • •

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	Steven C. Johnson 624 South Clara Avenue. Apt 1 Deland, FL 32720

(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.)

<u>Note:</u> 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.

REOUIRED	SIGNATURE:	
	1 Autoria	
	Signature of a member or an authorized representative of a member This document is a secured in accordance with section (05 0203 (1) (b) Flori	r. da Statut
	Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Flori I am aware that any false information submitted in a document to the Departme- constitutes a third degree felony as provided for in s.817.155, F.S.	ent of St
	constitutes a third degree felow as provided for in s,817,155, F.S.	
	Shavan C. Jaharan	
	Steven C. Johnson	_
	Typed or printed name of signee	_
	Typed or printed name of signee	-
	Typed or printed name of signee	_
\$125.00 Fil	Typed or printed name of signee	-
	Typed or printed name of signee Filing Fees:	-