

Mar. 5. 2021 12:45PM

No. 0846 P. 1

2/13/2021

Division of Corporations

Florida Department of State

Division of Corporations

L210000619323

Note: Please print this page and use it as a cover sheet. Type the tax agent number (shown below) on the top and bottom of all pages of the document.

((H21000061932 3)))



H210000619323ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.
Account Number : I20180000068
Phone : (407)344-1012
Fax Number : (407)344-1371

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

Email Address: edgarl.rosado@yahoo.com

FLORIDA LIMITED LIABILITY CO.

T Jay's Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T Jay's Enterprise, 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:Mailing Address:

3170 Eagle Hammock Cir
Kissimmee, FL 34743

P.O. Box 771511
Orlando, FL 32877-1511

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:

Edgar L. Rosado
 Name

3170 Eagle Hammock Cir
 Florida street address (P.O. Box **NOT** acceptable)

<u>Kissimmee,</u>	<u>FL</u>	<u>34743</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.

Edgar L. Rosado
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
 2021 MAR -5 PM 3:58
 STATE
 OF FLORIDA

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:MGRM
Edgar L. Rosado
P.O. Box 771511
Orlando, FL 32877-1511
AMBR
Thamara E. Santiago Irizarry
P.O. Box 771511
Orlando, FL 32877-1511

(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.

Edgar L. Rosado

Typed or printed name of signee

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)

FILED
 2021 MAR -5 PM 3:58
 FLORIDA