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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

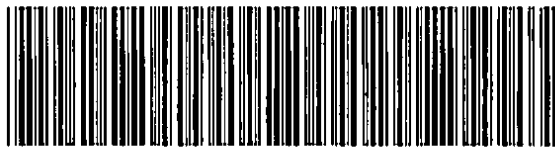
(Document Number)

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2021 MAR 10 AM 10:35

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2020

JOSE PEREIRA  
566 OLD DIXIE HIGHWAY  
AUBURNDALE, FL 33823

SUBJECT: JPART LLC  
Ref. Number: W20000111021

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CLERK OF COURT

We have received your document for JPART LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return 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.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 520A00018594

ATT. MR. MOON

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: JPArt LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Pereira

Name of Person

JPArt LLC

Firm/Company

566 Old Dixie Highway

Address

Auburndale, FL 33823

City/State and Zip Code

jpbarros66@yahoo.com

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

For further information concerning this matter, please call:

Jose Pereira at (407) 452-9726  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JPAri 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:

Jose Pereira

566 Old Dixie Highway  
Auburndale, FL 33823

566 Old Dixie Highway

Auburndale, FL 33823

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:

Jose Pereira

Name

566 Old Dixie Highway

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

Auburndale

FL

33823

City

State

Zip

FILED IN OFFICE OF THE  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
POLK, FLORIDA

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
POLK, FLORIDA

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.

Jose Pereira

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:**

Manager

Jose Pereira  
566 Old Dixie Highway  
Auburndale, FL 33823

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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CLERK OF COURT  
JULIA A. HARRIS  
CLERK OF COURT

**ARTICLE V:** Effective date, if other than the date of filing: 08/20/2020 (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.

Jose Pereira

JOSE PEREIRA

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)