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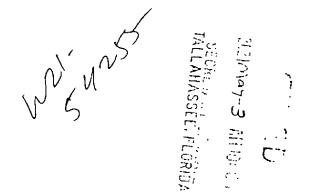
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. BLARCH MAY 5 2021

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: JULIER'S HOUSE CHEK LIC 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:
Robert W. Jelier
Name of Person
JULIEUS HOUSE CHIEK LLC
Firm/Company
922 VILLA FLORIENZA DR
Address
MAPUES FL 34119 City/State and Zip Code
RW-JULIER & G MAIL COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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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



Division of Corporations

April 21, 2021

ROBERT W JULIER 922 VILLA FLONEZA DR NAPLES, FL 34119

SUBJECT: JULIER'S HOUSECHEK, LLC

Ref. Number: W21000054255

2021 HAY -3 PH 12: 52

We have received your document for JULIER'S HOUSECHEK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Tim Burch Senior Section Administrator

Letter Number: 221A00008215

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

JULIERS HOUSE CHEK LLC.

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street add	fress of the principal off	ice of the Limited Liab	oility Company is:		
<u>Principal</u>	Office Address:		Mailing Add	ress:	
922 VILLA	FLOREN3A		SAME		
NAPLES	FLORIDA	34119			
ARTICLE III - Registered Agen (The Limited Liability Company c	_		•	ndividual or	
another business entity with an ac	tive Florida registration	.)		TAI	252
The name and the Florida street ac				- LCS	
	KOBERT	W. Julie	<u>R</u>	HAS.	文:
		Name		SEE.	CC S
		LLA FLOREN			
		(P.O. Box <u>NOT</u> accept	lable)	, ruorio,	
	NAPLES	FLORIDA	34/19	DA	9
	City	State	Zip		0

(CONTINUED)

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..

"AMBR" = Authorized Member "MGR" = Manager	
MGR	ROBERT W. JULIER 922 VILLA FLORENZA NAPLES PZ 34119
	SELLAHASSEE H
(Use attachment if necessary) LE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
ffective date is listed, the date must be specifications.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
·	
•	
•	Robert W Julia
Signature of a m This document is exect I am aware that any fals constitutes a third degree	nember or an authorized representative of a member. The second of the s

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)