

L21000261784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

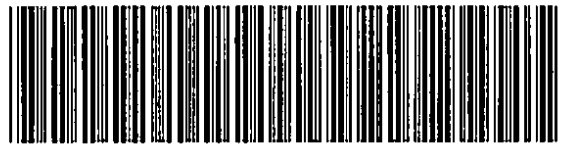
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/15/21--01027--012 **130.00

2021 JUN -3 AM 10:51

FILED

2021-74200

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2021

JOHNNIE BRYANT JR.
4769 CUMBERLAND STATION CT
JACKSONVILLE, FL 32257

SUBJECT: JOHNNIE B, LLC
Ref. Number: W21000074220

We have received your document for JOHNNIE B, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 321A00010935

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1-2-D

2021 JUN -3 PM 2:56

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Johnnie B, 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:

Johnnie Bryant Jr.

Name of Person

Johnnie B, LLC

Firm/Company

4769 Cumberland Station Ct.

Address

Jacksonville, FL 32257

City/State and Zip Code

seminoleman56@gmail.com

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

For further information concerning this matter, please call:

Johnnie Bryant Jr.

904

742-6185

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Johnnnie B. 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:

4769 Cumberland Station Ct
Jacksonville, FL 32257

Mailing Address:

4769 Cumberland Station Ct
Jacksonville, FL 32257

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:

Sherric A. Bryant

Name

4769 Cumberland Station Ct.

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

Jacksonville

FL

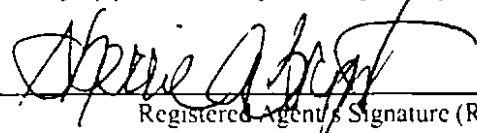
32257

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)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Johnnie Bryant Jr.
4769 Cumberland Station Ct
Jacksonville, FL 32257

AMBR

Sherric A. Bryant
4769 Cumberland Station Ct
Jacksonville, FL 32257

AMBR

Keina L. Worrell
4769 Cumberland Station Ct
Jacksonville, FL 32257

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/12/2021 (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:

Johnnie Bryant Jr.

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.

Johnnie Bryant Jr.

Typed or printed name of signer

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
APR 10 5 11 PM '21
CLERK OF THE
SOLICITOR GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA