

6/24/2021

Division of Corporations

# L2100024776

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC  
Account Number : I20150000057  
Phone : (813)280-1256  
Fax Number : (813)251-8715

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

Email Address: ghada@lieserska.com

FLORIDA LIMITED LIABILITY CO.

JTLIESER LLC

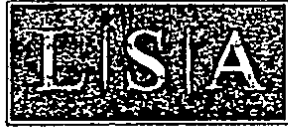
Certificate of Status	0
Certified Copy	0
Page Count	04
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**LIESER SKAFF ALEXANDER**Ph. 813-280-1256 • Fax. 813-251-8715 • [www.lieserskaff.com](http://www.lieserskaff.com)**TAMPA OFFICE**403 N. HOWARD AVENUE  
TAMPA, FL 33606**BRANDON**156 E. BLOOMINGDALE AVE, SUITE A,  
BRANDON, FL 33511**FAX**

Date:	June 24, 2021		
To:	Sunbiz	From:	Ghada Skaff
Fax No.:	850-245-6125		
Subject:	JTLIESER LLC		
No. of Pages (w/cover):	4		
Sir/Madam;  Attached please find Articles of Organization for JTLIESER LLC that was originally faxed to your office on June 4, 2021. Pursuant to my telephone conversation this morning with the examiner who rejected the initial filing, please accept the Articles of Organization on the original submission date of June 4, 2021. As it relates to the \$125.00 filing fee, our firm has a prepaid Sunbiz E-File Account in which the fee is to be debited from.  Should you have any questions, please contact our office.  Thank you for your immediate attention hereto.			

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TALLAHASSEE, FL 32310

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: JTLIESBR 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:

GHADA SKAFF

Name of Person

LIESER SKAFF ALEXANDER

Firm/Company

403 N. HOWARD AVE.

Address

TAMPA, FL 33606

City/State and Zip Code

jtlieser@gmail.com

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

For further information concerning this matter, please call:

GHADA SKAFF

813

280-1256

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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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:

JTLIESER 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:2500 E LAS OLAS BLVD. #403FORT LAUDERDALE, FL 33301Mailing Address:2500 E LAS OLAS BLVD. #403FORT LAUDERDALE, FL 33301**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:

LIESER SKAFF ALEXANDER

Name

403 N. HOWARD AVEFlorida street address (P.O. Box NOT acceptable)TAMPAFL33606

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.

Ghada Skaff

Registered Agent's Signature (REQUIRED)

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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

MGRJIM LIESER2500 E LAS OLAS BLVD #403FORT LAUDERDALE, FL 33301

(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 used as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**James E. Lieser

James E. Lieser: Jan 4, 2021 17:25 (EDT)

**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.

JIM LIESER

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)

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TALLAHASSEE, FL 32399

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