L21000382520

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



500371422005

RECFIVED

2021 AUG 26 PM 3 01 SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

____ ARTICLES OF INCORPORATION

XX____ CERTIFIED COPY

CONTACT PERSON:

_____ PLAIN STAMPED COPY

ARTICLES OF ORGANIZATION

____ CERTIFICATE OF GOOD STANDING

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Eyliena Baker - EXT.

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 976428 8484333 REFERENCE : **AUTHORIZATION:** COST LIMIT : \$ 155.00 ORDER DATE: August 25, 2021 ORDER TIME : 9:30 AM ORDER NO. : 976428-015 CUSTOMER NO: 8184333 DOMESTIC FILING NAME: JT FLORIDA PROPERTY RENTALS 1, LLC EFFECTIVE DATE:

COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	JT Florida Property Rentals 1, 1	LLC			
		of Limited Liabil	ity Company		
The enclo	osed Articles of Organization and fee	(s) are submitted	for filing.		
Please re	turn all correspondence concerning th	is matter to the	following:		
	Trae Robrock				
		Name of	Person		
	Robrock Enterprises, LLC				
Firm/Company					
	18801 N Dale Mabry Highway #25163				
		Addr	ess		
	Lutz, FL 33548				
	trobrock@gmail.com	City/State an	d Zip Code		
	E-mail address: (to be	used for future a	nnual report notificati	ion)	
For further	information concerning this matter, p	olease call:			
	Trae Robrock	650 ut (918-0304		
	Name of Person	Area Code	Daytime Telephon	e Number	
Enclosed	is a check for the following amount:				
	0 Filing Fee	s Certifi	5.00 Filing Fee & ed Copy al 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 Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810	

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 AUG 26 PM 35 01

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			SECRETARY OF STATE TALLAHASSEE, FL
	JT Flori	da Property Rentals	1. LLC	
(Must cont	ain the words "Limited	Liability Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited	l Liability Company is	s:
<u>Principa</u>	Principal Office Address:		Mailing Address: 18801 N Dale Mabry Highway #25163 Lutz, FL 33548	
18801 N Dale Mabry Lutz, FL 33548	188 Lutz			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own active Florida registration	n Registered Agent. on.)	nt's Signature: You must designate a	n individual or
	Corporation Service	Company		
		Name	-	-
	1201 Hays Street			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	-
	Tallahassee, FL	Florida	32301	
	City	State	Zip	_
laving been named as registered a lace designated in this certificate, irther agree to comply with the pro m familiar with and accept the obl	I hereby accept the apportions of all statutes religations of my position	ointment as registere elating to the proper	ed agent and agree to and complete perforn as provided for in Cha dent	act in this capacity. I
		(CONTINUED)		

4	RTI	C1	Г	tv/
	K 1 1		. F.	1 V -

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

<u>Title:</u>	and a character of the contract	Name and Address:	
"MGR" = Ma	uthorized Member		
	nager		
MGR		Robrock Enterprises, LLC 18801 N Dale Mabry Highway #25163	
		Lutz, FL 33548	
		Duta, 1, 0 000 10	
		SI Z	2
		SEC TA	é
			-
			<u>-</u>
		TARY OF AHABSE	5
			`
			.
			Ė
		मा अ	2
			_
an effective date is I date of filing.) te: If the date insert	listed, the date must be spot ted in this block does not no we date on the Department	ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.	
REOUIRED	SIGNATURE:	ue Ma	
	Signature of a me	ember or an authorized representative of a member.	
	This document is execut	ted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	I am aware that any false	e information submitted in a document to the Department of State	
	constitutes a third degree	e felony as provided for in s.817,155, F.S.	
		Brett T. Bunnell, Esq.	
		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)