U21000386036

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

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: PobJan Coastal Cleaning & Morell C
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamie Alewis Name of Person
ROBJAM COAStal Cleaning & More L
370 Vann Dv. Address
Westant Configuration Configuration Configuration Configuration Concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: D\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee,

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name;	
The name of the Limited Liability Company is:	
Bob JAw Coasta C (Must contain the words "Limited Liability Co	mpany, "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:
3)0 Vann Dr Wewahitchka,	Same
1-10x1da 32465	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
James A 1	0
Name	
Florida street address (P.O. Box	NOT acceptable)
Who wintch Ka FI	32465
City State	Zip
Having been named as registered agent and to accept service of proce place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registere	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager PMBP	Jamie Lewis 370 Vann Dr. Wewantenka, Fl. 32465		
AMBR	Robert Glowis II 370 Yang Dhica FL	<u></u>	s-
he date of filing.)	e specific and cannot be more than five business days prio of meet the applicable statutory filing requirements, this da	r to or 90 days	
			-
This document is ex I am aware that any	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida false information submitted in a document to the Departmer gree felony as provided for in s.817.155, F.S.		
Jamie	Typed or printed name of signee	2021 Ā	
\$ 30.00 Certified Copy (Options		2021 AUG 30 F	
\$ 5.00 Certificate of Status (Op		PH 2: 21	