

L2100508785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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DEC 03 2021

T. SCOTT



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November 21, 2021

To Who It May Concerns,

Company name : JDESLUX INC

AMBR: Jean Louis Margarete

Document: P19000045716

This Letter is to notify Sunbiz in mid-2019 this company was registered with Sunbiz. Shortly, after the company has started COVID-19 has enforced the company to closed down. We had missed the deadline to file for the annual report due to covid. Now we are planning to re-open again. However, we would like to make some change about the business Organization. WE no longer want to use (JDESLUX INC) instead, we would like to change the name to (JDESLUX LLC)

JDESLUX LLC is what we inquire our company to be name.

In Addition, the previous address for JDeslux INC 4115 E Carnegie court unit 203 Tampa Fl 33610 including the phone number (813)-816-8737 is INACTIVE by our company, we do not use the same address along with the phone number.

We're Kindly, asking to have the new address provided below in the application as well as the new telephone number.

This is the main address and the telephone number we are inquire to use.

The New Address is : 218 E Bearss Ave. box 371 Tampa FL 33613

Telephone Number:(407)801-64-44

IF you Have any Question, please do not hesitate to contact me at:(407)801-64-44

My email address: Jluxdes35@gmail.com

Sincerely, Jean

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Jdeslux 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:

Name of Person
Margarette Jean LOUIS
Firm/Company
Address
218 E Bearss Ave box # 371 Tampa, FL 33613
City/State and Zip Code
Jluxdes35@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margarette 407 8016444
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JDESLUX 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:

218 E Bearss Ave BOx #371
Tampa, FL 33613

Mailing Address:

218 E Bearss AVE box # 371 Tampa, FL
33613

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:

Margarette Jean Louis

Name

218 E Bearss Ave Box # 371 Tampa, FL 33613

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

Tampa

florida


33613

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Margarette Jean Louis
218 E Bearss AVE box 317 Tamna, FL 33613

(Use attachment if necessary)

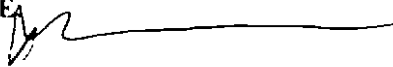
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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.

Margarette Jean Louis
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)