L21000535121

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)			
(Do	cument Number)			
Certified Copies	_ Certificates of	Status		
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/29/21

NAME: JLGFL, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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ACCOUNT: **FCA00000015**

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	New Filing Sect Division of Cor				
SUBJE	JLGFL, LL	С			
.,01,,,,	.c.r	Name of Lin	nited Liabili	ty Company	
The end	closed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please	return all correspo	ndence concerning this ma	atter to the f	ollowing:	
	Perry Ganz				
		-	Name of	Person	
	Ganz Law G	roup LLC			
		·	Firm/Co	mpany	······································
	10 Union St.	Ste 2B			
			Addr	ess	·
	Natick, MA)1760			
			ity/State an	d Zip Code	
	perry@ganzla	<u> </u>			
	h	-mail address: (to be used	for future a	nnual report notificati	ion)
For furth	ier information cor	cerning this matter, pleas	e call:		
	Perry Ganz		81	474-4100	
	Name			Daytime Telephon	e Number
Enclose	ed is a check for th	e following amount:			
■ \$12:	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·	e Address ling Section		Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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

JLGFL, LLC			
(Must contr	ain the words "Limited Lia	bility Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	ddress of the principal offic	e of the Limited I	Liability Company is:
Principa	al Office Address:		Mailing Address:
c/o Ganz Law Group	LLC		
10 TL.: Cv. Dv- 2D			
10 Union St., Ste 2B			
Natick, MA 01760 ARTICLE III - Registered Age	ent, Registered Office, &	Registered Agen	t's Signature: 'ou must designate an individual or
Natick, MA 01760 ARTICLE III - Registered Age	ent, Registered Office, & l cannot serve as its own Re active Florida registration.)	egistered Agent. Y	t's Signature: 'ou must designate an individual or
Natick, MA 01760 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & learnot serve as its own Reactive Florida registration.) address of the registered ag	egistered Agent. Y gent are:	t's Signature: 'ou must designate an individual or
Natick, MA 01760 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & le cannot serve as its own Reactive Florida registration.) address of the registered ag	egistered Agent. Y gent are:	t's Signature: 'ou must designate an individual or
Natick, MA 01760 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & le cannot serve as its own Reactive Florida registration.) address of the registered ag	egistered Agent. Y gent are: ions, Inc. Name	t's Signature: 'ou must designate an individual or
Natick, MA 01760 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & I cannot serve as its own Re active Florida registration.) address of the registered ag Registered Agent Soluti	egistered Agent. Y gent are: ions, Inc. Name	ou must designate an individual or
Natick, MA 01760 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & I cannot serve as its own Re active Florida registration.) address of the registered ag Registered Agent Soluti N	egistered Agent. Y gent are: ions, Inc. Name	ou must designate an individual or

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)



ARTICLE IV-

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

Title:	Name and Address:
	Authorized Member
"MGR" = N	-
MGR	Jacqueline L. Golabek
	10 Union St., Ste 2B Natick, MA 01760
	Natick, MPA 01700
MGR	George S. Golabek
1715775	10 Union St., Ste 2B
	Natick, MA 01760
	
(Use attachr	nent if necessary)
CLEV: Effecti	ve date, if other than the date of filing:
effective date is	s listed, the date must be specific and cannot be more than five business days prior to or 90 days after
ite of filing.)	
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocument's effec	tive date on the Department of State's records.
CLE VI: Other	provisions, if any.
REQUIRE	D SIGNATURE:
	Juge Schold
	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.
	George S. Golabek
	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)