

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Fax Number : (516)935-3088

*** RESUBMIT ***

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

Email Address: JUGI0082@GMAIL.COM

FILED
2022 JAN 19 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. **GEJE LLC**

~~Ju & Mi LLC~~

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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January 19, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: JU & MI LLC
REF: W22000005848

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number of the name conflict is L20000109285.

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Coates Brianna
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New Filings Section

FAX Aud. #: H22000021631
Letter Number: 522A00001377

H22000021631

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEJE LLC

(Must end with 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:**Mailing Address:**14725 Apalachee Street
Naples, FL 3411414725 Apalachee Street
Naples, FL 34114**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:

Junior E Joseph

Name

14725 Apalachee StreetFlorida street address (P.O. Box **NOT** acceptable)Naples

City

FL 34114

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)

Junior E Joseph

(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

AMBR**Name and Address:**Ludmilla Gabriel14725 Apalachee StreetNaples, FL 34114SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0207 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Ludmilla Gabriel

Typed or printed name of signee