# L22000029903

| (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



000379197500

01/28/22--01001--014 \*\*125.00

MACCURINEZ / FM 3: U

RECEIVED

2022 JAN 27 PM 3:

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| JAYSTONE CO,       | LLC          |                                |
|--------------------|--------------|--------------------------------|
|                    |              |                                |
|                    |              |                                |
|                    |              |                                |
|                    |              |                                |
|                    |              | Art of Inc. File               |
|                    |              | LTD Partnership File           |
|                    |              | Foreign Corp. File             |
|                    |              | L.C. File                      |
|                    |              | Fictitious Name File           |
|                    |              | Trade/Service Mark             |
|                    |              | Merger File                    |
|                    |              | Art. of Amend. File            |
|                    |              | RA Resignation                 |
|                    |              | Dissolution / Withdrawal       |
|                    |              | Annual Report / Reinstatement  |
|                    |              | Cert. Copy                     |
|                    |              | Photo Copy                     |
|                    |              | Certificate of Good Standing   |
|                    |              | Certificate of Status          |
|                    |              | Certificate of Fictitious Name |
|                    |              | Corp Record Search             |
|                    |              | Officer Search                 |
|                    |              | Fictitious Search              |
| Signature          | <u> </u>     | Fictitious Owner Search        |
| Ü                  |              | Vehicle Search                 |
|                    | <b></b>      | Driving Record                 |
| Requested by: SETH |              | UCC 1 or 3 File                |
| Name               | Date Time    | UCC 11 Search                  |
|                    |              | UCC 11 Retrieval               |
| Walk-In            | Will Pick Up | Courier                        |

# **COVER LETTER**

|             | lew Filing Sec<br>division of Cor   |  |                  |   |  |  |  |  |
|-------------|---|--|------------------|---|--|--|--|--|
| SUBJECT     |   | E CO., LLC                                 |                  |   |  |  |  |  |
| SUBJECT     | ·   | Name o                                     | of Limited Liab  | oility Company  |  |  |  |  |
| The enclos  | sed Articles of   | Organization and fee                       | (s) are submitt  | ed for filing.  |  |  |  |  |
| Please retu | ırn all correspo  | ondence concerning th                      | is matter to the | e following:  |  |  |  |  |
|             | SHANNON   | L WIDMAN                                   |                  |   |  |  |  |  |
|             |   |  | Name             | of Person   |  |  |  |  |
|             | PORATH &  | ASSOCIATES, PA                             |                  |   |  |  |  |  |
|             |   | ······································     | Firm/0           | Company   |  |  |  |  |
|             | 1732 W CO   | HWY 30A #106                               |                  |   |  |  |  |  |
|             |   |  | Ad               | dress   |  |  |  |  |
|             | SANTA RO  | SA BEACH, FL 3245                          | 59               |   |  |  |  |  |
|             | PHILLIP.POU   | JNDSTONE@GMAI                              | -                | and Zip Code  |  |  |  |  |
|             |   | E-mail address: (to be                     | used for future  | e annual report notificat   | ion)   |  |  |  |
| or further  | information co  | ncerning this matter, p                    | please call:     |   |  |  |  |  |
|             | SHANNON '   |  | 850<br>at (      | 622-0102  |  |  |  |  |
|             | Name of Person A  |  |                  | Daytime Telephone Number  |  |  |  |  |
| Enclosed i  | s a check for th  | ne following amount:                       |                  |   |  |  |  |  |
| ≣\$125.00   | ) Filing Fee  | □\$130.00 Filing F<br>Certificate of Statu | s Cert           | 155.00 Filing Fee & ified Copy onal copy is enclosed)   | ☐ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |  |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Ā | K, | TT | CI | L | F. | I | - | N | 21 | m | ρ: |
|---|----|----|----|---|----|---|---|---|----|---|----|
|   |    |    |    |   |    |   |   |   |    |   |    |

The name of the Limited Liability Company is:

JAYSTONE CO., 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:** 

Mailing Address:

4042 E CO HWY 30A UNIT D SANTA ROSA BEACH, FL 32459

4042 E CO HWY 30A UNIT D SANTA ROSA BEACH, FL 32459

# 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:

SHANNON L WIDMAN

Name

1732 W CO HWY 30A #106

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

SANTA ROSA BEACH FL

32459

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 Signature (REQUIRED)

(CONTINUED)

2022 JAN 27 PM 3: 13

## ARTICLE IV-

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

| <pre>Title: "AMBR" = Authorized Member "MGR" = Manager</pre>               | Name and Address:   |
|--|---|
| MGR  | PHILLIP POUNDSTONE 4042 E CO HWY 30A UNIT D SANTA ROSA BEACH, FL 32459  |
| <u>MGR</u>   | JACOB WATKINS 4042 E CO HWY 30A UNIT D SANTA ROSA BEACH, FL 32459   |
|  |   |
|  |   |
| (Use attachment if necessary)  |   |
| If an effective date is listed, the date must be sp<br>he date of filing.) | e of filing:  (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed at  t of State's records. |
| ARTICLE VI: Other provisions, if any.                                      |   |
| REQUIRED SIGNATURE:  |   |
| Signature of a m   | ember or an authorized representative of a member   |

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.

SHANNON L WIDMAN, ATTORNEY FOR MEMBERS

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)