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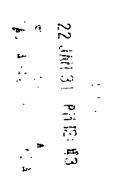
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COVER LETTER

	lew Filing Sec Division of Co					
SUBJECT	Charjule, I.	LC				
000000	·	Nar	ne of Lim	ited Liabil	ity Company	
The enclos	sed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please rett	ım all correspo	ondence concernin	g this mat	ter to the f	following:	
	Julie M. Jone	:S				
		-		Name of	Person	
				 		
				Firm/Co	inpany	
				Addr	ess	
	6330 Yellow	Buckeye Drive,	Riverview			
	minjmmjones	@verizon.net	Ci	ty/State ar	d Zip Code	
			be used t	for future a	nnual report notificati	ion)
For further i	nformation co	ncerning this matt	er, please	call:		
	Julie Jones		30) at (Ī	609-0686	
	Nam	e of Person		ea Code	Daytime Telephon	e Number
Enclosed i	s a check for the	ne following amoi	mt:			
□\$125.00) Filing Fee	□\$130.00 Filin Certificate of S		Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section			Street Address New Filing Section D	ivision

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:			
Charjule, LLC	11 in Fility Com	ompany, "L.L.C.," or "LLC.")	
(Must contain the words "L	imited Liability Con	inpany, some	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the L	Limited Liability Company is:	
Principal Office Addre		Mailing Address:	
•	_	P. O. Box 482	•
6330 Yellow Buckeye Drive		San Antonio, FL 33576	
Riverview, FL 33278			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re Julie M. Jone 6330 Yellow Florida street	egistered agent are:	:	
		22578	
Riverview	ty State	7:	
Cite Having been named as registered agent and to acceptace designated in this certificate, I hereby accept further agree to comply with the provisions of all-earn familiar with and accept the obligations of my	cept service of proce. I the appointment as the appointment as the atutes relating to the position as registere. Registered Agent	cess for the above stated limited liability company of as registered agent and agree to act in this capacity who proper and complete performance of my duties	at the y. I s, and I

Title:	Name and Address:
"AMBR" = Authorized Membe	:r
"MGR" = Manager	
Manager	Julie M. Jones 6330 Yellow Buckeye Drive
	Riverview, FL 33578
	MICHES.
A A (112)	Charles L. Jones, Sr.
AMBR	6330 Yellow Buckeye Drive
	Riverview, FL33578
(Hospitachment if necessary)	
(Use attachment if necessary)	(OPTIONAL)
	an the date of filing: (OPTIONAL) an the date of filing: (OPTIONAL)
CLE V: Effective date, if other th	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other th	an the date of filing:(OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the effective date is listed, the date it to of filling.)	does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other th	does not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other the effective date is listed, the date is te of filing.) If the date inserted in this block ocument's effective date on the E	does not meet the applicable statutory filing requirements, this date will not be list department of State's records.
CLE V: Effective date, if other the effective date is listed, the date it to filling.)	does not meet the applicable statutory filing requirements, this date will not be list department of State's records.
CLE V: Effective date, if other the effective date is listed, the date is te of filing.) If the date inserted in this block ocument's effective date on the E	does not meet the applicable statutory filing requirements, this date will not be list department of State's records.

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 continues a third degree falony as provided for in a \$17.155. F.S. constitutes a third degree felony as provided for in s.817.155, F.S.

Julie M. Jones 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)