# L22000090326

	(Requestor's Name)	
(	(Address)	
	(Address)	
	(Crty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
W12 - 263	10	

Office Use Only



100382640151

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## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/01/2022	<i>⇔WALK</i>	( <b>IN</b> **
ENTITY NAME_Jones I	ndustries	
DOCUMENT NUMBER		<del></del>
DOCUMENT NOTIBER	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXXXX	Certificate of Status 7	
**/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA	<del></del>	
TOTAL OWED \$130	ACCOUNT #: I20160000072	
	ER FM	
Please call Tina at the	he above number for any issues or concerns. Thank you so much!	

#### **COVER LETTER**

	New Filing Section Division of Corporations			
eup IE	JONES INDUSTRIES, I	.LC		
SUBJEC	.1;	Name of Limited Liabi	lity Company	
The encl	osed Articles of Organization	and fee(s) are submitte	d for filing.	
Please re	turn all correspondence conce	rning this matter to the	following:	
	DANIEL P. SOKOLOFF,	СРА		
		Name o	f Person	
	TAX ADVISORS OF SO	UTH FLORIDA		
		Firm/C	ompany	
	715 E. HILLSBORO BLV	/D, 2ND FLOOR		
		Ado	iress	-
	DEERFIELD BEACH, F	L 33441		
	DSOKOLOFF@TAXSOF	•	ind Zip Code	•
	<del>-</del>		annual report notification	on)
For furthe	er information concerning this	matter, please call:		
	DANIEL SOKOLOFF	954	360-8477	
	Name of Person	at ( Area Code	Daytime Telephone	Number
Enclose	d is a check for the following	amount:		
	.00 Filing Fee <b>\$130.00</b>	Filing Fee &   of Status Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corpor  P.O. Box 6327  Tallahassee, FL 32		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

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

JONES INDUSTRIES, LLC	
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
DATE OF THE ADDRESS O	
RTICLE II - Address:	of the Limited Lightlity Company is:
he mailing address and street address of the principal office	of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
700 NE 16TH AVENUE	700 NE 16TH AVENUE
FORT LAUDERDALE, FL 33304	FORT LAUDERDALE, FL 33304
RTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
971 Y 7 15 1 T 1 1 1 1 1 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3	istered Agent. You must designate an individual or
nother business entity with an active Florida registration.)	

715 E. HILLSBORO BLVD, 2ND FLOOR

Name

Florida street address (P.O. Box <u>NOT</u> acceptable)

DEERFIELD BEACH FL 3344

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 figure as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Name and Address: "AMBR" = Authorized Member "MGR" = Manager JAMES W. JONES 700 NE 16TH AVENUE AMBR FORT LAUDERDALE, FL 33304. JOSEPH FARINA 500 SE MIZNER BLVD. APT A-703 **AMBR** BOCA RATON: FL 33432 (Use attachment'if necessary) \_ (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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 filling.) 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. JAMES W. JONES Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

# L220000 90326 Jones Industries Inc.

700 NE 16th Avenue Fort Lauderdale FL, 33304
Phone 954-849-3748 Fax 954-990-5215

Certified General Contractor CGC1515892 Certified Roofing Contractor CCC1328722

March 2, 2022

RE: Jones Industries, LLC Ref. Number: W22000026310

#### To whom it may concern:

I, James W. Jones, owner of Jones Industries, Inc. herby grant permission for the formation of Jones Industries, LLC and to use said name as stated. As I am a member of both companies named there are no discrepancies.

If you have any questions, please do not hesitate to contact me at (954) 849 - 3748.

Sincerely,

James W. Jones

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