

22006158230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

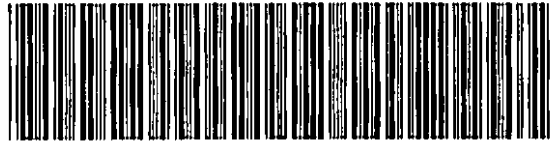
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Special Instructions to Filing Officer:

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S. CHATHAM

APR 15 2022

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 APR 12 AM 10:07

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 12 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FL

March 24, 2022

YAMILETTE GONZALEZ
145 GROVE BRANCH RD.
WINTER HAVEN, FL 33880 US

SUBJECT: J & Y FAMILY HOME SERVICES, LLC
Ref. Number: W22000038425

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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 822A00006938

FILED
22 APR 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: J & Y Family Home Services
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yamilette Gonzalez
Name of Person

J & Y Family Home Services
Firm/Company

145 Grove Branch Rd.
Address

Winter Haven FL 33880
City/State and Zip Code

Yamilette89@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yamilette G. at (863) 288-5603
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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 Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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22 APR 12 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & Y Family Home Services, 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:

145 Grove Branch Rd
Winter Haven FL, 33880

Mailing Address:

145 Grove Branch Rd
Winter Haven FL, 33880

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.)

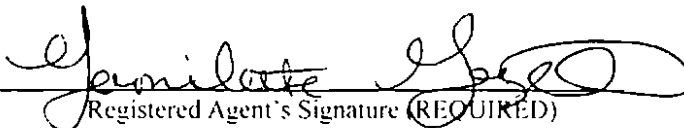
The name and the Florida street address of the registered agent are:

Yamilette Gonzalez
Name

145 Grove Branch Rd
Florida street address (P.O. Box **NOT** acceptable)

Winter Haven FL, 33880
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's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

XXXXXXXXXX MGR	<u>Yamilette Gonzalez</u>
	<u>1456 Grove Branch Rd</u>
	<u>Winter Haven FL 33880</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

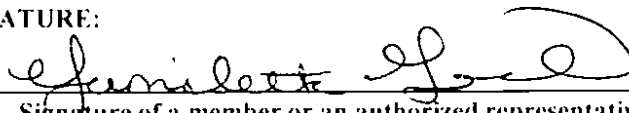
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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.

Yamilette Gonzalez

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)

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22 APR 12 AM 10:07
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TALLAHASSEE, FLORIDA