

L77000 211408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

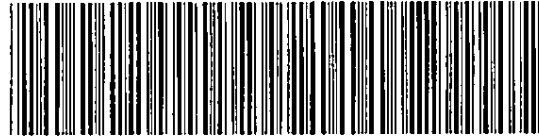
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 MAY 17 AM 10:20
STATE COMMISSION
ALLAHASSEE, FLORIDA

RECEIVED
2022 MAY 17 PM 3:4
ALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: 125 .00

AUTHORIZATION SIGNATURE: Jana Fulk

JUVEE HALL, LLC
BUSINESS (Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy (please stamp each page)

Certificate of Status

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

AMMENDMENTS

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Conversion

OTHER FILINGS

Annual Report

Fictitious Name

APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

Foreign filing

Limited Partnership

Reinstatement

Domestication of Foreign Corp.

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FLORIDA CAPITAL COURIER SERVICES, INC
TALLAHASSEE, FL 32309

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Juvec Hall, LLC
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:

Charles W. Cramer
Name of Person

Cramer, Price & de Armas, PA
Firm/Company

1420 Edgewater Drive, Ste 200
Address

Orlando, FL 32804
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Charles W. Cramer 407 843-3300
at ()
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Juvee Hall, 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:

209 East Palmetto Avenue
Longwood, FL 32750

210 East Palmetto Avenue
Longwood, FL 32750

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:


Charles W. Cramer
Name

1420 Edgewater Drive, Suite 200
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32804
City State Zip

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

mgr

Ron Bonner
209 East Palmetto Avenue
Longwood, FL 32750

mgr

Austin Bonner
209 East Palmetto Avenue
Longwood, FL 32750

mgr

Kathy Bonner
209 East Palmetto Avenue
Longwood, FL 32750

(Use attachment if necessary)

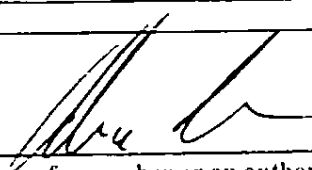
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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.

Charles W. Cramer, attorney

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)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
& BUSINESSES

2021 MAY 17 AM 10: 20

FILED