

9/1/22, 2:46 PM

Division of Corporations

**L22000381611**

Florida Department of State  
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**\*\*\* RESUBMIT \*\*\***

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JAGACCOUNTING1@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.**

**AJP ENTERPRISES LLC**

**AJ.CJ ENTERPRISES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 SEP -2 PM 3:19

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2022 SEP -2 AM 9:00

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September 2, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: AJP ENTERPRISES LLC  
REF: W22000112470

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000019229 (AJ.P ENTERPRISE LLC ).

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

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000301416  
Letter Number: 022A00019661

2022 SEP -2 AM 9:00  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

ED

H22000301416

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**AJ.CJ ENTERPRISES LLC**

(Must end with 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:**2953 LEBA LANE  
SAINT CLOUD, FL 34772**Mailing Address:**2953 LEBA LANE  
SAINT CLOUD, FL 34772

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

AMANDA BARNES

Name

2953 LEBA LANEFlorida street address (P.O. Box **NOT** acceptable)SAINT CLOUD

City

FL 34772

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..*

Amanda Barnes

Registered Agent's Signature (REQUIRED)

AMANDA BARNES

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

AMANDA BARNES

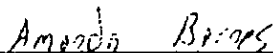
2953 LEBE LANE

SAINT CLOUD, FL 34772

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

AMANDA BARNES

Typed or printed name of signee

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