# 123000017721

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cut	y/State/Zip/Phone #)	
(Cit	y/State/Zip/Filone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
fied Copies	Certificates o	of Status
ecial Instructions to Filin	g Officer:	
	Office Use Only	



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S. CHATHAM
JAN 17 2023

23 JAN 17 PH 4: 38

## **CT CORP**

### **3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724**

D	ate:	01/17/2023	- wil SW
		Acc#I20160000072	an. Com
Name:	Original Jon	es Store, LLC	
Document #:			
Order #:	14730944		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	7
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notifications:  desire.castillo@pillsburylaw.com
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: 9		
		( Thank you! )	

#### COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Original Jones Store, LLC			
SUBJEC		Limited Liabili	ity Company	
The encl	osed Articles of Organization and fee(s	are submitted	for filing.	
Please re	turn all correspondence concerning thi	s matter to the f	ollowing:	
	Desiré Castillo			
		Name of	Person	
	Pillsbury Winthrop Shaw Pittman	LLP		
	**	Firm/Ce	mpany	
	1200 Seventeenth St NW			
		Addr	ress	
	Washington, DC 20036			
	desire.castillo@pillsburylaw.com	City/State an	d Zip Code	
	E-mail address: (to be	ised for future a	annual report notificati	on)
For furthe	r information concerning this matter, p	lease call:		
	Desiré Castillo	703	770-7964	
	Name of Person		Daytime Telephone	e Number
Enclosed	I is a check for the following amount:			
□\$125.	00 Filing Fee	s Certifi	i5.00 Filing Fee & ied Copy aal copy is enclosed)	☐S160.00 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 Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	issee et, Suite 810

ARTICLE I - Name:

#### $ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

The name of the Limited Liability Cor	npany is:					
Original Jones Store, LLC					<u>.                                    </u>	
(Must contain th	e words "Limited Li	iability Compar	iy, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	s of the principal off	ice of the Limit	ed Liability Company is:			
Principal Of	fice Address:		Mailing Ad	dress:		
8000 Towers Crescent Dri	ve, Suite 1525		000 Towers Crescent Driv Tienna, VA 22812	re, Suite 1525	_3 J	POSTAID
VICINIA, VA 22012						95
ARTICLE III - Registered Agent, B (The Limited Liability Company cann another business entity with an active The name and the Florida street addre	ot serve as its own F Florida registration ss of the registered a	Registered Ager i.) agent are:	nt. You must designate an	individual or	JAN 17 PH 4: 38	
<u>C</u>	T Corporation Syste					
		Name				
	00 South Pine Islan					
FI	orida street address	(P.O. Box <u><b>XO</b></u> ,	<u>r</u> acceptable)			
<u>P</u> ]:	intation	Florida	33324			
	City	State	Zip			
Having been named as registered agent place designated in this certificate. I her further agree to comply with the provisi am familiar with and accept the obligat	reby accept the appo ons of all statutes rel ions of my position a CT Corporation S	intment as regis lating to the pro is registered ago system	nered agent and agree to a per and complete performe ent as provided for in Chap sistant Secretary mature (REQUIRED)	et in this capac moe of my duti ter 605, F.S	ay, I	1

04 16 2020 Wolters Kluwer Online

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	James L. Jones
	8000 Towers Crescent Drive, Suite 1525
	Vienna, VA 22182
AMBR	James L. Jones III
	8000 Towers Crescent Drive, Suite 1525
	Vienna, VA 22182
E.V: Effective date, if other than the ective date is listed, the date must	e date of filing:
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart	he specific and cannot be more than five business days prior to or a not meet the applicable statutory filing requirements, this date will
fective date is listed, the date must	he specific and cannot be more than five business days prior to or a not meet the applicable statutory filing requirements, this date will
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will ment of State's records.  Docusigned by:  James L. Jones III
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is a Lam aware that an	he specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will ment of State's records.  Docusigned by:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does iment's effective date on the Depart LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is a lam aware that an constitutes a third.	Docusioned by:  James L. Jones III  f a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b). Florida Statuto vialse information submitted in a document to the Department of State vialse information submitted in a document to the Department of State vialse information submitted in a document to the Department of States.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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