# 123000074710

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2018 Instructions to Filing Officer:

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## COVER LETTER

TO: New Filing Sec Division of Cor			•	
SUBJECT:	RTS+TAN B Name of Limi	ROTHERS JANES	TORAL SERVICES LL	C
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
	VICTOR E	Now of Purson	. <u> </u>	
		Name of Person		
Chr:	ESTIAN BROT	HAERS JANETOR	A SENJECES LLC	
<u></u>	140 011	FEDERAL GU	int	
	_	Address		
	QUINC	Y Flon+ A	3235/	
	Ci	ty/State and Zip Code		
	:///ALLEKEELLO	Ce Yahan, Pan for future annual report notificati	ion)	
			,	
	ncerning this matter, please			
VICTOR	Boy∆ at(	850 284 - 1 rea Code Daysime Telephon	1628_	
Nan	ne of Person Ar	rea Code Daytime Telephon	e Number	
Enclosed is a check for t	he following amount:			
□\$125.00 Filing Fee	<b>☎</b> \$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)	
	ng Address	Street Address New Filing Section D	ivision	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 1 - Name:

The name of the Limited Liability Company is:

Christian Brothers Jantonal Services LCC (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:
140 DIN FEDERAL	140 OIL FEDERAL COURT
COUNT	RUINCY, ElenTDA 3235/
DUTALLY, MARCHA 32351	
7 77 70 70 70 70 70 70 70 70 70 70 70 70	

### 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 a	ddress of the re	egistered ag	gent are:	1	
	VIC	TOR	Boyl	1	
	14/1		FEDER 4	2/ /	2.07
	Florida street	address (1	P.O. Box <u>NOT</u> :		<u> </u>
	$\frac{Q_{\nu}}{Q_{\nu}}$	IENLY	- Flor		_3235/

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)

**202**5 | For a Fig. 5 24

## 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  AMBEL  VECTOR BOY  140 0/A FEDERAL	LOURT
AMBER QUENCY, FloreDA	3235/
ATENA BUYE 140 OLD FEDERA QUENCY, FlorEDA	LOURT 32351
<del></del>	<del></del>
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing: D2-09-3023. (OPTIONAL AND IT an effective date is listed, the date must be specific and cannot be more than five business days prior ne date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date he document's effective date on the Department of State's records.	to or 90 days after
RTICLE VI: Other provisions, if any.	<del></del>
REOUIRED SIGNATURE: //	
Much street	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida S I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.	States.
Typed or printed name of signee	<del>-</del>
Filing Fees:	T
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent.	င္း
\$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	<del>*</del>