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2023 JUL 20 PM 2: 20 SECNTIANY OF STATI

COVER LETTER

то:	New Filing Section Division of Corporations						
SURJEC	J. Wilson Real Estate, LLC						
.,0133120	Name o	of Limited Liabi	lity Company				
The encl	losed Articles of Organization and fee(s) are submitte	d for filing.				
Please re	eturn all correspondence concerning th	is matter to the	following:				
	Nolan T. James						
		Name o	î Person	_			
	Cavitch, Familo & Durkin Co., L.I	2.A.					
	Firm/Company						
	1300 E. 9th Street, 20th Floor						
	Address						
	Cleveland, OH 44114						
	njames@cavitch.com	City/State a	nd Zip Code	_			
		used for future	annual report notification)	_			
For furthe	r information concerning this matter, p	olease call:					
	Nolan T. James	216 nt (
	Name of Person						
Enclosed	l is a check for the following amount:		S TE AC	2023			
	Filing Fee \$130.00 Filing Fee Certificate of Statu	s Certit	00 Filing Fee & S160.00 Filing Fee of Stands o	osedp *			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2: 20			

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
, , .					
J. Wilson Real Estate, LLC					
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")					
ARTICLE II - Address:					
The mailing address and street address of the principal offic	re of the Limited Liability Company is:				
<u>Principal Office Address</u> :	<u>Mailing Address</u> :				
J. Wilson Real Estate, LLC	J. Wilson Real Estate, LLC				
13461 Nogal Lane	P.O. Box 50175				
Jacksonville, FL 32246	Jacksonville Beach, FL 32240				
ARTICLE III - Registered Agent, Registered Office, & I					
(The Limited Liability Company cannot serve as its own Re					
another business entity with an active Florida registration.)					
The name and the Florida street address of the registered ag	ent are:				
Jarrod A. Wilson					
	lame				

13461 Nogal Lane

City

Jacksonville

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..

Florida street address (P.O. Box NOT acceptable)

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2023 JUL 20 PM 2: 2 SECRETARY OF STA

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S 5.00 Certificate of Status (Optional)

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 AMBR	Jarrod A. Wilson
731074	13461 Nogal Lane
	Jacksonville, FL 32246
	74CKS0IN IIIC. 1 1, 52240
	<u> </u>
	
(Use attachment if necessary)	
the date of filing.) <u>Note:</u> If the date inserted in this block does not meet the the document's effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as 's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	LLWL 52 28
Signature of a member of	r an authorized representative of a member.
This document is executed in ac	coordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any false inform	The state of the s
	ation submitted in a document to the Department of State
constitutes a third degree felony	ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
	as provided for in s.817.155, F.S. $\frac{1}{2}$
	as provided for in s.817.155, F.S.
	as provided for in s.817.155, F.S.
	as provided for in s.817.155, F.S.
	as provided for in s.817.155, F.S. d or printed name of signee Filling Fees: