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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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COVER LETTER

SUBJECT: Gregory & J Coison Jr Enterprise 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:
Gragory A Jackson Sr Name of Person
Gregist A Jackin Jr Enterprise LLC
1405 Balbra Dr Lot 12-6
Tallahassee FL 32305 City/State and Zip Code
1980 are gorgo @ grant . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cres ry A Jac. Krat (850), 697-1904

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

TO:

New Filing Section Division of Corporations

□\$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

Street Address

New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
1405 Balboa Dr lot 26	"HUS Balbia Or Lot 26
Tallahads C. FC	Tallahassection
32305	32305

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:

Chesory A. Soy (Journell Vision of Name

1405 Bulbon Dr # 126

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

Tallcherone FL 32305

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Greson A Dacker Jr
3	1405 Balboa Dr 126
	
(Use attachment if necessary)	
If the date inserted in this block does i	not meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Departm	
cument's effective date on the Departm	
cument's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a	a member or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of a This document is ex	a member or an authorized representative of a member.
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REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de OTES ITA	Typed or printed name of Registered Agent On Out of State's records. On Out of State's records. On Manual State of a member. Recuted in accordance with section 605,0203 (1) (b). Florida Statutes. Filing Fees: Organization and Designation of Registered Agent

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