

L24000028294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

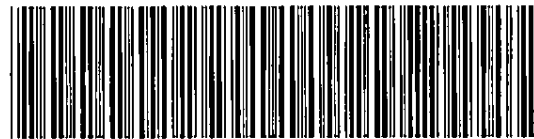
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000421866270

01/12/24--01001--010 \*\*625.00

2024

Fri. 1:55



RECEIVED

2024 JAN 17 PM 3:35

THE LANSSECE FLOH

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 1/17

	<b>CERTIFIED COPY</b>	_____
<b>XX</b>	<b>PHOTOCOPY</b>	_____
	<b>GS</b>	_____
<b>XX</b>	<b>FILING</b>	<u>LLC</u>

- 1. MUELLER J&C 2 LLC  
(CORPORATE NAME AND DOCUMENT #)
  
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
  
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
  
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
  
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
  
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mueller J&C 2, LLC

(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:

2220 J&C Blvd., #5  
Naples, FL 34109

Mailing Address:

2220 J&C Blvd., #5  
Naples, FL 34109

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:

Jeff Novatt, Esq.

Name

1415 Panther Lane, Suite 432

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

Naples

FL

34109

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)

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

MGR

Naples, FL 34109

Naples, FL 34109

100