L24000046473

	Requestor's Name)
	(Address)
'	Address)
((Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
·	•
Certified Copies	Certificates of Status
	
Special Instructions to I	Filing Officer:
i	

Office Use Only



100422288731

ŭ1/23/24--01004--003 **(59.0g

ALLAHASSEE, FLOR

2024 JAN 29 AM 10: 11

2[]?

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: JRW Services, 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:		
Justine Rose Wootfon Name of Person		
Firm/Company		
14047 RoCoCoRd		
Address		
Tallahassee FL 32309 City/State and Zip Code Justwoott @ amail. Lom E-mail address: (to be used for future around report notification)		
For further information concerning this matter, please call:		
Justine RWutton (850) 284-3020 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□S125.00 Filing Fee Vertificate of Status Certified Copy (additional 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 Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JRW Services, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14047 Rulolo Rd Tallahasspe, Fr 32309	14047 Ro (o(o Rd Tallahassee, FL 32309
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or
Nan 14047 R Florida street address (P.O Tallahassel City (Javing been named as registered agent and to accept service of	Rose Wootfon Deco Co Rd D. Box NOT acceptable) The State Zip Process for the above stated limited liability company at the
place designated in this certificate, I hereby accept the appointminther agree to comply with the provisions of all statutes relating tim familiar with and accept the obligations of my position as reg	ent as registered agent and agree to act in this capacity. I g to the proper and complete performance of my duties, and l

ARTICLE IV-

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

Title; "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGP	Justine Rose Wootfon 14047 Ro Colo Rd Tallahassee, Pr. 32309
(Use attachment if necessary)	
If an effective date is listed, the date must be speci he date of filing.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
This document is executed I am aware that any false in	ber or an authorized representative of a member. It in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Just	Typed or printed name of signee
	Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)