LZYOGGOTIOLS

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





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COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT: JJE Construction 41 UC

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:

Name of Person

JTE (onstruction

Firm/Company

923 Footman lanc

Address

Tallahasself larida 32217

City/State and Zip Code

M.115.)raile Juhao.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tavanta Mills at 850 850-728-1534

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐\$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 P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:	
Must contain the wor		Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the	e Limited Liability Company is:
Principal Office A		Mailing Address:
923 Footman Tallahassee, Floria	1anc 4 37517	973 Footnan lanc Tallahassee, Florida 3831
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot ser another business entity with an active Florical Company Comp	ve as its own Registered	ered Agent's Signature: d Agent. You must designate an individual or
The name and the Florida street address of t		
Ta	vonta M	1.11s
	Name	
_ 억 2	3 Footman	lane
Florida	street address (P.O. Bo	x NOT acceptable)
1	1 6	ida 22217

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 (REQUIREI

(CONTINUED)



ARTICLE IV-

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

	Sun 923 Footmanlance
MGR Elijah Wils	Sun 923 Foutmanlanc
	(1841 32317)
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.	five business days prior to or 90 days after
REQUIRED SIGNATURE:	
Signature of a member or an authorized represe This document is executed in accordance with section 60 I am aware that any false information submitted in a docu constitutes a third degree felony as provided for in s.817.	05.0203 (1) (b), Florida Statutes. Iment to the Department of State 155, F.S.
Ta vonta Mill 5 Typed or printed name of sign	ee

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)