

L24000258311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

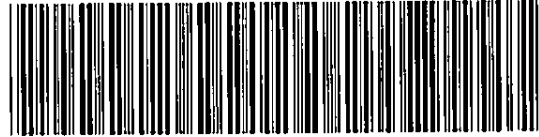
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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FILED

2024 JUN 10 AM 9:47

ALLAHASSEE, FL

RECEIVED

2024 JUN 10 PM 3:28

ALLAHASSEE, FLORIDA

MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: J. Pine

Joy Pine, LLC.

BUSINESS (Name)

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

☐ INC

AMMENDMENTS

☐ Amendment

☐ Resignation of Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Dissolution/_Reinstatement/Revocation

☐ Trademark

☐ STATEMENT OF SUTHORITY

EXAMINER'S INITIALS: _____

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2024 JUN 10 AM 9:47

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00

AUTHORIZATION SIGNATURE: _____ 

Joy Pine, LLC.

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

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___ Certified Copy of articles of Organization

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EXAMINER'S INITIALS: _____

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2024 JUN 10 AM 8:47
TALLAHASSEE
FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Joy Pine, 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:

Michael M. Bajalia, Esq.

Name of Person

Bajalia Law Office, P.A.

Firm/Company

7645 Gate Parkway, Suite 106

Address

Jacksonville, FL 32256

City/State and Zip Code

mbajalia@bajaliawoffice.com

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

For further information concerning this matter, please call:

Michael Bajalia

at (

904

Area Code

352-1121

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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
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

2024 JUN 10 AM 9:47

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joy Pine, 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:

8785 Perimeter Park Blvd.
Jacksonville, FL 32216

Mailing Address:

8785 Preimeter Park Blvd.
Jacksonville, FL 32256

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:

WILLIAM H. SHARP JR

Name

8785 PERIMETER PARK BLVD

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

JACKSONVILLE, FL 32216

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)

CLERK OF STATE
TALLAHASSEE, FL

2024 JUN 10 AM 9:47

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Sondra Sharp

8785 Perimeter Park Blvd.

Jacksonville, FL 32216

MGR

William H. Sharp, Jr.

8785 Perimeter Park Blvd.

Jacksonville, FL 32216

MGR

Lauren Sharp

8785 Perimeter Park Blvd.

Jacksonville, FL 32216

MGR

Julia Sharp

8785 Perimeter Park Blvd.

Jacksonville, FL 32256

(Use attachment if necessary)

See Attached Page

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

SAS

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Sondra Sharp

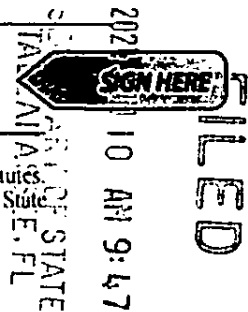
Typed or printed name of signee

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)



ARTICLE IV-

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

Title:

"AMHR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

William H. Sharp III
8785 Perimeter Park Blvd.
Jacksonville, FL 32216

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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constitutes a third degree felony as provided for in s.817.155, F.S.

Sonda Sharp

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)