

L 24000289650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

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00/12/01 01011-022 \*\*130.00

DATE  
TIME  
01/28/01 09:54:00

FILED

T.S.H.  
6/28/24

**COVER LETTER**

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

**SUBJECT:** EJAPCONB 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:

DANG M. NGUYEN

Name of Person

EJAPCONB LLC.

Firm/Company

6738 Andrea Jane Lane

Address

Orlando, FL 32807

City/State and Zip Code

jresminhdang@gmail.com

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

For further information concerning this matter, please call:

DANG M. NGUYEN

407

807-8704

at ( )

Name of Person

Area Code

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

FILED

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EJAPCONB 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:

6738 ANREA JANE LN.

Orlando, FL 32807

Mailing Address:

6738 ANREA JANE LN.

Orlando, FL 32807

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:

DANG M. NGUYEN

Name

6738 ANREA JANE LN.

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

Orlando

FL

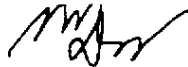
32807

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)

FILED  
JAN 11 2011  
STATE OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MANAGER \_\_\_\_\_

Nguyen, Dang M.  
6738 ANREA JANE LN.  
Orlando, FL 32807

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/01/2024. (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:**



**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.

Nguyen, Dang M.

Typed or printed name of signee

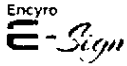
**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
JUN 03 2024  
CLERK OF COURT  
JUN 03 2024  
CLERK OF COURT



# Audit Trail

## Tamper Verification

To check if this file has been modified after being signed, please go to.

<https://www.encyro.com/esign/verify>

Upload the file. The result will indicate if the file contents have been tampered with.

## Signed By

**Signer:** Minh Dang Nguyen (jrscminhdang@gmail.com)

**Identity Check:** Email Authentication

**Signature Type:** Mouse or hand drawn

**Time Zone:** UTC-04:00, America/New York (Eastern Daylight Time)

## Event Log

**Jun 10, 2024, 8:38:00 PM** - Email notification sent to Minh Dang Nguyen (jrscminhdang@gmail.com).

**Jun 10, 2024, 8:38:01 PM** - Email notification delivered to Minh Dang Nguyen (jrscminhdang@gmail.com).

**Jun 10, 2024, 10:31:34 PM** - Minh Dang Nguyen (jrscminhdang@gmail.com) opened the email notification (estimated).

**Jun 10, 2024, 10:32:13 PM** - Minh Dang Nguyen (jrscminhdang@gmail.com) electronically signed or completed the document, from 99.20.132.81.

END OF LOG

FILED  
JUN 10 2024  
JUN 10 2024  
JUN 10 2024