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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	JBE BUILDERS LLC		
300000		me of Limited Liability Company	
The enclo	osed Articles of Organization and	fee(s) are submitted for filing.	
Please re	turn all correspondence concernin	ng this matter to the following:	2024 CCT 1
	ADRIAN MIDDLETON, ESC	Q	
		Name of Person	
	SWORD & SHIELD LLC		:
		Firm/Company	7
	1437 MARKET ST		
		Address	
	TALLAHASSEE FL 32312		
	BIZ@SWORDANDSHIELD.C	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For further	information concerning this matte	er, please call:	
	ADRIAN MIDDLETON, ESQ	850 815 0256 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amou	unt:	
≣\$125.0	0 Filing Fee ☐\$130.00 Filin Certificate of St	tatus Certified Copy Certificate of (additional copy is enclosed) Certified Co	of Status &
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Division	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JBE BUI	LDERS LLC		
(Must con	tain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:
Princig	al Office Address:		Mailing Address:
5046 N OBISPO CI	R	<- S	AME
ne Limited Liability Company	ent, Registered Office, &	Registered Ager	nt's Signature: You must designate an individual or
RTICLE III - Registered Ag he Limited Liability Company other business entity with an	ent, Registered Office, & y cannot serve as its own I active Florida registration	Registered Ager Registered Agent.	
RTICLE III - Registered Ag he Limited Liability Company other business entity with an	ent, Registered Office, & y cannot serve as its own I active Florida registration address of the registered	Registered Agent. ` Capacitan Communication	nt's Signature:
RTICLE III - Registered Ag the Limited Liability Company other business entity with an	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered a SWORD & SHIELD I	Registered Ager Registered Agent. \(\).) agent are:	nt's Signature:
RTICLE III - Registered Ag	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered a SWORD & SHIELD I	Registered Agent. ` Capacitan Communication	nt's Signature:
RTICLE III - Registered Ag he Limited Liability Company other business entity with an	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered a SWORD & SHIELD I	Registered Ager Registered Agent. \(\).) agent are:	nt's Signature:
RTICLE III - Registered Ag he Limited Liability Company other business entity with an	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered a SWORD & SHIELD I	Registered Agent. ' Registered Agent. ' Agent are: LLC Name	nt's Signature: You must designate an individual or
RTICLE III - Registered Ag he Limited Liability Company other business entity with an	ent, Registered Office, & y cannot serve as its own I active Florida registration address of the registered a SWORD & SHIELD I	Registered Agent. ' Registered Agent. ' Agent are: LLC Name	nt's Signature: You must designate an individual or

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JACOB ALSTON 5046 N OBISPO CIR LABELLE, FL 33935
	
	2f ₂ -
(Use attachment if necessary)	
(If an effective date is listed, the date must be speci the 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.
DEQUIDED CICNATURE	
l am aware that any false in	ther or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.
KAREN ARIZA	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 (O. C.)

\$ 5.00 Certificate of Status (Optional)