L24000436430

(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



800434159518

2001 COT 17 ... O: 1,7

2024 OCT 15 PM 4: 01



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 10/	/15/2024	
Name:	Patrice Rush	
Reference #:	2526665	
Entity Name:	JTSH EQUIPMENT	Γ, LLC
_	f Incorporation/Authorization to Transact	t Business .1
Amendme	ent	
Change o	of Agent	7
Reinstate	ment	
Conversion	on	
☐ Merger		
Dissolutio	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	unt: \$125.00	
Signature:	(Pattle	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 10/	/15/2024	
Name:	Patrice Rush	
Reference #:	2526665	• • • • • • • • • • • • • • • • • • •
Entity Name:	JTSH EQUIP	MENT, LLC
_	FIncorporation/Authorization to Tr	ransact Business
☐ Amendme		
Reinstate	ment	
Conversion	on	
Merger		
Dissolutio	n/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	unt: \$125.00	_
Signature:	(Palle	

F: 800.944.6607

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	JTSH Equipment, LLC		
(Must contain the words "Lin	mited Liability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address:			
he mailing address and street address of the princ	cipal office of the Limited Li	ability Company is:	
Principal Office Address	<u>s</u> :	Mailing Address:	
2946 N Umberland Dr		2946 N Umberland Dr	
Tallahassee, FL 32309		Tallahassee, FL 32309	
RTICLE III - Registered Agent, Registered O	Office, & Registered Agent'		
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as it mother business entity with an active Florida region of the name and the Florida street address of the reg	ts own Registered Agent. Yo istration.)	s Signature:	or
The Limited Liability Company cannot serve as it inother business entity with an active Florida regi	ts own Registered Agent. Yo istration.) istered agent are:	s Signature:	or
The Limited Liability Company cannot serve as it inother business entity with an active Florida region of the regular and the Florida street address of the reg	ts own Registered Agent. Your stration.) istered agent are: Cogency Global Inc.	s Signature: u must designate an individual	or
The Limited Liability Company cannot serve as it inother business entity with an active Florida region in the name and the Florida street address of the reg	ts own Registered Agent. Your stration.) istered agent are: Cogency Global Inc. Name	s Signature: u must designate an individual	or .
The Limited Liability Company cannot serve as it inother business entity with an active Florida region in the name and the Florida street address of the reg	istered agent are: Cogency Global Inc. Name S North Calhoun Street, S address (P.O. Box NOT according to the street of the str	s Signature: u 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..

atte Micholson, Assisant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager John Harvard MGR 2946 N Umberland Dr Tallahassee, FL 32309 (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 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.

Brandon C. Dixon

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)