# orida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

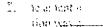
 $_{\rm M,ab,dd}^{*,*}$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:					

# FLORIDA LIMITED LIABILITY CO.

# JBL Septic Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



Fax: 8134365206

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

JBL Septic Services 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:

Mailing Address:

4554 Lamaida En

4554 Lamaida Lл

Ave Maria Florida 34142 US

Ave Maria Florida 34142 US

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:

Registered Agents Inc.

Name

7901 4th St NSTE 300

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

St. Petersburg, FL 33702

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..

1.057

David K-doents

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title:		Name and Address:	•	,	
	= Authorized Member				
"MGR" = :	-				
Authoriz	ed Member	Hernandez, Gregorio			
		4554 Lamaida Ln			
		Ave Maria Florida 34142			
		•	· · · [		
Authorize	ed Member	Viana Varela, Natalia Vane	ssa		
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