

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

L95000000843

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000001631080
-11/07/95--01076--006
****293.75 ****293.75

SUBJECT: S. JJCLLC.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for

☐ \$285.00
Filing Fee
& Registered
Agent designation

☒ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: Carolyn Pendleton
Name (Printed or typed)

204 Ruskin Place/P. O. Box 4877
Address

Seaside, FL 32459
City, State & Zip

(904) 222-7230
Daytime Telephone number

RECEIVED
95 NOV -3 PM 1:28
DIVISION OF CORPORATIONS

FILED
95 NOV -3 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

95 NOV -3 PM 2: 34

ARTICLE I - Name:
The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JJCL L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

757 Freeport Highway
DeFuniak Springs, FL 32433

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:
(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Lorene Miller
950 Red Hill Road
DeFuniak Springs, FL Ponce deLeon, FL 32455

Carolyn Pendleton
204 Ruskin Place
Seaside, FL 32459


AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

JJCL D.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 12,700
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 7,300
- 5) the total amount of 2, 3, and 4 is \$ 20,000



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the limited liability company is: JJCL L.C.

2. The name and address of the registered agent and office is:

Carolyn Pendleton
(NAME)
204 Piskin Place
(P.O. Box **NOT** ACCEPTABLE)
Seaside, FL 32459
(CITY/STATE/ZIP)

FILED
 95 NOV -3 PM 2:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

11/3/95
(DATE)

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

96 APR 26 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000843

JJCL L.C.
757 FREEPORT HIGHWAY
DEFUNIAK SPRINGS FL 32433

1a. Principal Place of Business Address

757 FREEPORT HIGHWAY
DEFUNIAK SPRINGS FL 32433

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

11/03/1995

3a. State of Formation

FL

4. FEI Number

58-2211839

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

PENDLETON, CAROLYN
204 RUSKIN PLACE
SEASIDE FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM

MILLER, LORENE

950 RED HILL ROAD

DEFUNIAK SPRINGS FL

MEM

PENDLETON, CAROLYN

204 RUSKIN PLACE

SEASIDE FL

600001805470

-05/02/96--01083--019

****238.75 ****238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Lorene Miller

Lorene Miller

04-23-96 904/892-5590

SIGNATURE AFTER 11/01/95: (1) SIGNATURE OF REGISTERED AGENT, (2) SIGNATURE OF MANAGING MEMBER OR TRUSTEE, (3) SIGNATURE OF SECRETARY OF STATE

FILE

DATE