

**L25000062409**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H25000055737 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : PETERSON & MYERS PA  
Account Number : 12008000078  
Phone : (863)683-6511  
Fax Number : (863)688-8099

**\*\*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.**

**JB KRESS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2013 FEB 13 PM 12:03

FILED

2013 FEB 12 PM 3:10  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

(((H25000055737 3)))

**COVER LETTER**

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

**SUBJECT:** JB KRESS, 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:

CRAIG B. HILL, ESQ.

\_\_\_\_\_  
Name of Person

PETERSON & MYERS, P.A.

\_\_\_\_\_  
Firm/Company

225 E LEMON ST., SUITE 300

\_\_\_\_\_  
Address

LAKELAND, FL 33801

\_\_\_\_\_  
City/State and Zip Code

BJONES@JBRP.COM

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

For further information concerning this matter, please call:

CRAIG B. HILL, ESQ.

863

683-6511

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

☐ \$135.00 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

(((H25000055737 3)))

Feb. 13, 2025 9:00AM

No. 3088 P. 3

((H25000055737 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JB KRESS, 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:

215 E MAIN ST., 2ND FLOOR  
LAKELAND, FL 33801

215 E MAIN ST., 2ND FLOOR  
LAKELAND, FL 33801

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:

SHAWN W. JONES

Name

215 E MAIN ST., 2ND FLOOR

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

LAKELAND FL 33801

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  
2025 FEB 12 PM 3:10  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

((H25000055737 3)))

Feb. 13, 2025 9:00AM

No. 3063 P. 4

((H25000055737 3)))

**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:**

MGR

JB REALTY PARTNERS, LLC  
215 E MAIN ST., 2ND FLOOR  
LAKELAND, FL 33801

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

C.B. Hill, Authorized Representative

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.

CRAIG B. HILL, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

**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)

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