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Division of Corporations

305-444-4977

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**204000015058**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**LIMITED LIABILITY COMPANY**

**J & L LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 25, 2004

EXPRESS CORPORATE FILING SERVICE

SUBJECT: J & L LLC  
REF: W04000007889

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A address must be listed for the registered agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

FAX And. #: H04000039812  
Letter Number: 204A00012644

(11404000039812)))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J & L 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:**60 SHADOW LANE  
LAKE LAND FL 33813SAME**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Lee MICHAEL Greene  
Name60 Shadow Lane  
Florida street address (P.O. Box **NOT** acceptable)Lakeland FLORIDA 33813  
City, State, and 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 608, Florida Statutes..

Lee Greene  
Registered Agent's SignatureSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

26 FEB 25 PM 2:03

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMLee Greene  
60 SHADY CREEK  
LAKE LAND FL 33813MGRMJames Briley  
430 S. RAMONA AVE  
Lake Alfred FL 33850

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**Lee Greene  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lee M. Greene  
Typed or printed name of signer**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)