

LO4000082916
FILED

2004 NOV -9 P 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

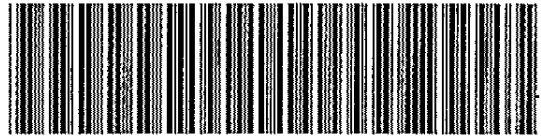
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



700042466517

11/09/04--01040--010 **125.00

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: J and J Limited Liability Company
(Name of Limited Liability Company)

2004 NOV -9 P 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES A. SNODGRASS
(Name of Person)

J. AND J. Limited Liability Company
(Firm/Company)

528 WATERWOOD LANE
(Address)

VENICE, FL 34293-0000
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES A. SNODGRASS at (808) 987-0208
(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 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. AND J. Limited Liability Company

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

528 WATERWOOD LANE
VENICE, FL. 34293-0000

528 WATERWOOD LANE
VENICE, FL 34293-0000

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Julie A. Richardson

Name

528 WATERWOOD LANE

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

VENICE FL 34293-0000

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, F.S..

Julie A. Richardson

Registered Agent's Signature

(CONTINUED)

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 NOV -9 P 2:06

SECRETARY OF STATE
FLORIDA

MGRM

Julie A. Richardson
528 WATERWOOD LANE
VENICE, FL 34293-0000

MGRM

James A. Snodgrass
75-6152 HO'OMAMA ST.
KAILUA-KONA, HI 96740

(Use attachment if necessary)

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

*

REQUIRED SIGNATURE:


Signature of a member of 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.)

JAMES A. SNODGRASS
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)

* effective date to be 11/5/04