

L06000041301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

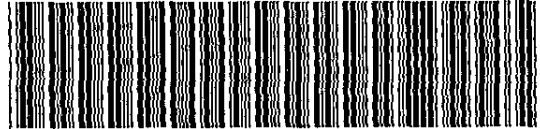
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 APR 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 APR 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

J & L Construction LLC

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___ Art of Inc. File ___
___ LTD Partnership File ___
___ Foreign Corp. File ___
___ L.C. File ___
___ Fictitious Name File ___
___ Trade/Service Mark ___
___ Merger File ___
___ Art. of Amend. File ___
___ RA Resignation ___
___ Dissolution / Withdrawal ___
___ Annual Report / Reinstatement ___
___ Cert. Copy ___
___ Photo Copy ___
___ Certificate of Good Standing ___
___ Certificate of Status ___
___ Certificate of Fictitious Name ___
___ Corp Record Search ___
___ Officer Search ___
___ Fictitious Search ___
___ Fictitious Owner Search ___
___ Vehicle Search ___
___ Driving Record ___
___ UCC 1 or 3 File ___
___ UCC 11 Search ___
___ UCC 11 Retrieval ___
___ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

WL 4/20 2:30

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & L CONSTRUCTION LLC

ARTICLE II - Address:

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

Principal Office Address:

3801 HYDRILLA CT.
PORT ST. LUCIE, FL 34952

Mailing Address:

3801 HYDRILLA CT.
PORT ST. LUCIE, FL 34952

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

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

**JIM STEPHENS
3801 HYDRILLA CT
PORT ST LUCIE, FL 34952**

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..


Registered Agent's Signature

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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 & Address:

MANAGING MEMBER:

**JIM STEPHENS
3801 HYDRILLA CT.
PORT ST LUCIE, FL 34952**

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)



Typed or printed name of signee

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)