

6070000 41278

(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:

Office Use Only



100096948851

04/17/07--01025--004 **160.00

FILED

07 APR 17 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-18
Cust

ABRAHAM C. McKINNON, ESQ.
of
KOREY, SWEET, McKINNON, SIMPSON & VUKELJA
Attorneys and Counselors at Law

*Robert Kit Korey, P.A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P.A.
Scott E. Simpson, P.A.
David A. Vukelja, P.A.
Abraham C. McKinnon*

*Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
(386) 677-3431- Telephone
(386) 673-0748- Telefax*

April 16, 2007

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Jacobsen Landscaping, LLC

Dear Sir/madam:

Enclosed please find Jacobsen Landscaping, LLC Articles of Organization for a Florida Limited Liability Company.

One (1) original and one (1) copy have been included per your instructions with check number 4354, in the amount of \$160.00, which represents payment for the filing fees and Certificates of Status and Certified Copy. A return envelope has been included for return of the filed Articles of Organization.

If you have any questions, please feel free to call me at the number listed above.

Very truly yours,



Abraham C. McKinnon, Esq.

ACMc/mci
Enclosure – check #4354

FILED
07 APR 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacobsen Landscapes, 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:

Joseph Jacobsen

(Name of Person)

(Firm/Company)

839 Carswell Avenue

(Address)

Holly Hill, Florida 32117

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Jacobsen at (386) 677-8270
(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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
07 APR 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacobsen Landscapes, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

839 Carswell Avenue

Holly Hill, Florida 32117

Mailing Address:

839 Carswell Avenue

Holly Hill, Florida 32117

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:

Abraham C. McKinnon, Esq.

Name

595 W. Granada Blvd., Suite A

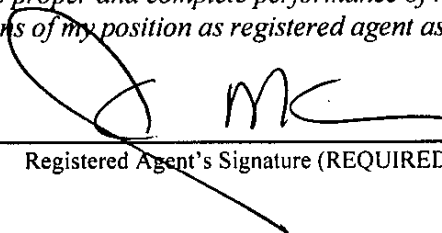
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach

FL 32174

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
07 APR 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Joseph Jacobsen

839 Carswell Avenue

Holly Hill, Florida 32117

MGRM

Jennifer A. Jacobsen

839 Carswell Avenue

Holly Hill, Florida 32117

(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.)

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.)

Joseph Jacobsen

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)

FILED
07 APR 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA