LD9000093754

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer:	
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08/17/09--01006--025 **125.00



C. LEWIS

Sept. 29, 2009

EXAMINER

COVER LETTER

Division of Co	orporations	
SUBJECT:	JL	Productions, LLC
SOBOLCI:		ited Liability Company
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.
Please return all corresp	pondence concerning this mat	tter to the following:
	J	Joyce Lessard
		Name of Person
	JL F	Productions, LLC
		Firm/Company
	3511	Buckboard Lane
 		Address
	Brand	don, Florida 33511
		ity/State and Zip Code
	lessard	dj@tampabay.rr.com for future annual report notification)
- 	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	se call:
Joyc	e Lessard	at (813) 689-1795
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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



August 18, 2009

JOYCE LESSARD / JL PRODUCTIONS, LLC 3511 BUCKBOARD LANE BRANDON, FL 33511

SUBJECT: JL PRODUCTIONS, LLC

Ref. Number: W09000037262

We have received your document for JL PRODUCTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000069497.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 109A00027962

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOY 6397 Tallahassaa Florida 39314

September 24, 2009

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Dear Carolyn:

I called you after receiving the notice that my application was rejected because not enough time had elapsed for the disputed company. You told me that I could resubmit my form after September 26 to be filed and to send all information directly to you.

Thank you for your help,

Joyce Lessard 3511 Buckboard Lane Brandon, Florida 33511 813-689-1795

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Compa	any is:	
(Must en		uctions, LLC ed Liability Company," "L.L.C.," or "LLC."	"
ARTICLE II - Addre The mailing address ar		f the principal office of the Limite	ed Liability Company is:
Principal Office Add	ress:	Mailing Address:	
3511 Buckboard Lar Brandon, Florida 33		3511 Buckboard Lane Brandon, Florida 3351	
(The Limited Liability Compa business entity with an active	any cannot serve as its ow e Florida registration.)	istered Office, & Registered Agent. You must designate an of the registered agent are:	individual or another
	Joy	yce Lessard	SEP 28 LAHASS
_		Name Buckboard Lane	28 AM
		ss (P.O. Box <u>NOT</u> acceptable)	FLOGA
	Brandon, FL 33! City,	State, and Zip	21 RIDA
liability company a registered agent and a statutes relating to th	nt the place designan Igree to act in this c The proper and comp	and to accept service of process for ted in this certificate, I hereby access capacity. I further agree to comply olete performance of my duties, and as registered agent as provided for s Signature (REOUIRED)	ept the appointment as with the provisions of all d I am familiar with and

(CONTINUED)

Page 1 of 2

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

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:	SECRETARY OF ALLAHASSEE.
MGR	Joyce Lessard 3511 Buckboard Lane Brandon, FL 33511	
		
(Use attachment if necessary	•	
LE V: Effective date, if othe fective date is listed, the date		business days
	te must be specific and cannot be more than five	e business days
fective date is listed, the dat days after the date of filing REQUIRED SIGNATURE	te must be specific and cannot be more than five	
fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of this documents of this documents.	te must be specific and cannot be more than five	per.
fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of this documents of this documents.	te must be specific and cannot be more than five (a.) E: of a member or an authorized representative of a member of a member or an authorized representa	oer.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

of Registered Agent