

L10000099020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

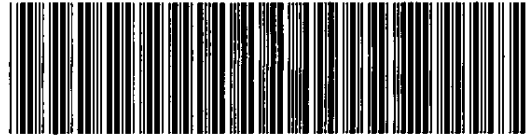
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700185333917

09/15/10--01005--016 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 21 AM 10:26

T. HAMPTON

SEP 28 2010

EXAMINER

68534-01A

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & H Senior Holdings 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:

John Cheney

Name of Person

Memory Lane Assisted Living

Firm/Company

501 Mitchell Avenue

Address

Bowdon Georgia 30108

City/State and Zip Code

Memorylanealf2009@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanimi Challa

Name of Person

at (352) 274-1622

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 SEP 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 16, 2010

JOHN CHENEY
MEMORY LANE ASSITED LIVING
501 MITCHELL AVE
BOWDON, GA 30108

SUBJECT: J & H SENIOR HOLDINGS LLC
Ref. Number: W10000043589

We have received your document for J & H SENIOR HOLDINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 15, 2010. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00022063

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & H Senior Holdings LLC

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

ARTICLE II - Address:

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

Principal Office Address:

134 88th Terrace
Gainesville Florida 32607

Mailing Address:

134 88th Terrace
Gainesville Florida 32607

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:

Hanimi Challa

Name

134 NW 88th Terrace

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

Gainesville

FL 32607

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.

Hanimi Challa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
10 SEP 21 AM 10:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Jamuna Challa

134 NW 88th Terrace

Gainesville Florida 32607

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 21, 2010 (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:

Han. Challa
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.)

Hanimi Challa

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 21 AM 10:27