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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1 2011

B. KOHR 0CT 2 8 2010

EXAMINER

DIVISION OF CORPORATIONS

10 OCT 28 PM 4: 41

COVER LETTER
EFFECTIVE DATE

TO: **Registration Section Division of Corporations** 

SUBJECT: Land & Stand, 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:

Jerrell W. Torrance	
	Name of Person
Land & Stand, LLC	
	Firm/Company
	Address
Ci	ty/State and Zip Code
Jerry@landandstand.com	
E-mail address: (to be used  For further information concerning this matter, pleas	for future annual report notification) se call:
Jerry Torrance	at ( 850 ) 527-9758
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1 0	the Limited Liability Cor	mpany is:	) 3 3 3
ARTICLE I - Name: The name of the Limited Liability Company is:  Land & Stand, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
	II - Address: address and street address	s of the principal office of the Limited Liability Compan	\$
Principal O	ffice Address:	Mailing Address:	
1409 GREENVI GULF BREEZE		1409 GREENVISTA LANE GU LF BREEZ E FL 32563	
huginess entity		s own Registered Agent. You must designate an individual or another	
_	with an active Florida registration	ss of the registered agent are:	
_	with an active Florida registration d the Florida street addre	ss of the registered agent are:	
_	with an active Florida registration d the Florida street addre	ss of the registered agent are:  INCE  Name	
_	with an active Florida registration d the Florida street addres  Jerrell W Torra  1409 GREENVISTA LA	ss of the registered agent are:  INCE  Name	
_	with an active Florida registration d the Florida street addres  Jerrell W Torra  1409 GREENVISTA LA	ss of the registered agent are:  INCE  Name  ANE  da street address (P.O. Box NOT acceptable)	
_	with an active Florida registration d the Florida street address  Jerrell W Torra  1409 GREENVISTA LA  Florid	ss of the registered agent are:  INCE  Name  ANE  da street address (P.O. Box NOT acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

MGR	Jerrell W Torrance
	1409 GREENVISTA LANE
	GULF BREEZE FL 32563
MGRM	Sue Splvey Levin
	113 Cottonwood Circle
	Lynn Haven, FL 32309
(Use attachment if necessar	v)
	• /
LE V: Effective date, if oth	er than the date of filing: (OPTIO) te must be specific and cannot be more than five business of
days after the date of filing	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jerrell W Torrance

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)