10000131805

(Requestor's Name)
(Address)
/A J.J
(Address)
(City/State/Zip/Phone #)
(Упуточный при под
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
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COVER LETTER

	TO:	Registration 3 Division of Co		,	
		Robe	rt Leland Jones L	I C	
	SUBJI	ECT: TODO		ed Liability Company	
				,	
	The en	closed Articles of	of Organization and fee(s) are	submitted for filing.	
	Please	return all corres	pondence concerning this matt	er to the following:	
		Doborti	laman III		
		Robert L	. Jones III	Name of Person	
				Firm/Company	
		45040 84	and Fisher Of	, ,	
		15813 IVI	arsh Elder St	Address	
				7441035	
	ı	Clermont,			
			Ciţ	y/State and Zip Code	
			E-mail address: (to be used f	or future annual report notification)	
	For fur	ther information	concerning this matter, please	e call:	
	Robe	ert L. Jones	Ш	407 427 0405	
			of Person	at (407) 427-9195 Area Code & Daytime Telephone Number	
		,			
,	Enclos	sed is a check f	or the following amount:		
X	\$125.00	Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs &
			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	



November 30, 2010

ROBERT L. JONES III 15813 MARSH ELDER ST CLERMONT, FL 34711

SUBJECT: ROBERT L. JONES LLC.

Ref. Number: W10000055599

We have received your document for ROBERT L. JONES 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 existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P98000097560.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 410A00027841

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	Liability Company is:		
Robert Leland Jo			
(Must end wi	th the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the pri	ncipal office of the Limited Lial	bility Company is:
Principal Office Address	<u>:</u>	Mailing Address:	
15813 Marsh Elder St. Clermont, FL 34711		15813 Marsh Elder St. Clermont, FL 34711	
(The Limited Liability Company or business entity with an active Flor The name and the Florida	annot serve as its own Registerida registration.) street address of the re	Office, & Registered Agent's a red Agent. You must designate an individe egistered agent are:	Signature: ual or another
Robe	ert L. Jones III		
158	13 Marsh Elde	er St.	
	Florida street addı	ress (P.O. Box NOT acceptable)	
Clerm		_{FL} 34711	
	City, Sta	te, and Zip	
liability company at the registered agent and agre statutes relating to the p	e place designated in the e to act in this capacity roper and complete per	ccept service of process for the a nis certificate, I hereby accept the I further agree to comply with t formance of my duties, and I am tered agent as provided for in Ch	e appointment as the provisions of al familiar with and
	Registered Agent's Signati	ure (REQUIRED)	10 DEC SECRETI TALLAH

(CONTINUED)

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:

obert L. Jones III 5813 Marsh Elder St. Iermont, FL 34711
5813 Marsh Elder St.
5813 Marsh Elder St.
lermont, FL 34711
f filing: 01-01-2011
fic and cannot be more than five business days

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.)

Robert L. Jones III

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)