

L11000044005

(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:

W11000618883

Office Use Only

EFFECTIVE DATE

4/15/11



800199802288

FILING CANCELLED  
RETURNED CHECK

04/01/11--01014--022 \*\*160.00

FILED  
11 APR 12 AM 10:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 13 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2011

NOAH JORDAN  
2061 SW PROVIDENCE PLACE  
PORT ST LUCIE, FL 34953

SUBJECT: JOHNSON & JORDAN LANDSCAPE CO. L.L.C.  
Ref. Number: W11000018883

We have received your document for JOHNSON & JORDAN LANDSCAPE CO. L.L.C. and your check(s) totaling \$160.00. 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 April 1, 2011. 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 211A00008049

FILED  
11 APR 12 AM 10:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Johnson & Jordan Landscape Co. L.L.C.  
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:

Noah Jordan

Name of Person

Firm/Company

2061 SW Providence Place

Address

Port Saint Lucie, Fl. 34953

City/State and Zip Code

jordannhc@htcplus.net

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

For further information concerning this matter, please call:

Noah Jordan

Name of Person

at ( 772 ) 834-2133

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

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TALLAHASSEE, FLORIDA

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RETURNED CHECK

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Johnson & Jordan Landscape Co. L.L.C.

(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:**

2061 SW Providence Place  
Port Saint Lucie, Fl. 34953

**Mailing Address:**

2061 SW Providence Place  
Port Saint Lucie, Fl. 34953

**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:

Noah Jordan

Name

2061 SW Providence Place

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

Port Saint Lucie FL 34953

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Noah Jordan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 4/15/11

**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:**

MGR

Shelly Johnson

1601 Barcelona Ave.

Fort Pierce, Fl. 34957

MGR

Robert Johnson

1601 Barcelona Ave.

Fort Pierce, Fl. 34957

MGR

Noah Jordan

2061 SW Providence Place

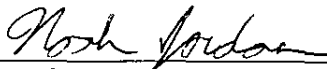
Port Saint Lucie, Fl. 34953

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4-15-11. (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. 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.)

Noah Jordan

Typed or printed name of signee

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11 APR 12 AM 10:39  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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)**