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| (Requestor's Name) |
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| (Address) |
| |
| (Address) |
| (Hadioss) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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J. SAULSBERRY **EXAMINER**

APR 2 0 2011

COVER LETTER

| TO: Registration Sc Division of Cor | | | |
|--|---|--|--|
| _{subject:} Joe Ga | arland LLC. | | |
| , | Name of Lim | ited Liability Company | W. A. 1814 A. 24 A |
| | Organization and fee(s) an | - | |
| Joe Garla | nd | Name of Person | ****************************** |
| | | Name of Leizon | |
| Joe Garla | nd LLC. | | |
| | | Firm/Company | |
| 4527 Cold | ny Rd | | دم نت |
| | | Address | SE |
| New Smyrn | a Beach, FL 321 | 68 | 新罗 丁 |
| | | City/State and Zip Code | PR 20 P |
| am.chehab@ | | | ENS -P FT |
| | | for future annual report notification) | FILEU NI APR 20 PH 4: 39 SECRETARY OF STATES ALLAHASSEE FLORID |
| For further information of | oncerning this matter, plea | se call: | 39 RID |
| Joe Garland | | at (386) 566-8642 | > ** |
| Name o | f Person | Area Code & Daytime Telephone Num | ber |
| Enclosed is a check for | r the following amount: | | |
| √ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certifie | D Filing Fee, eate of Status & ed Copy al copy is enclosed) |
| | Mailing Address Registration Section | Street/Courier Address Registration Section | |

Malling Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Soction
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joe Garland LLC.

(Must and 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:

Mailing Address:

4527 Colony Rd

New Smyma Beach, FL 32168

4527 Colony Rd New Smyma Beach, FL 32168

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:

Joe Garland

Name

4527 Colony Rd

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

New Smyrna Beach

... 32168

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.

Registered Agent's Signature (REQUIRED)

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member | • |
| • • | |
| "MGRM" | JOE GARLAND |
| | 4527 COLONY RD. |
| | NEW SMYRNA BEACH, FL 32168 |
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| | LAHASSE |
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| | FO P |
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| (Use attachment if necessary) LE V: Effective date, if other than | the date of filing: |
| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) | the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p |
| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) | |
| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) | |
| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | st be specific and cannot be more than five business days |
| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation used a management of the constitutes and affirmation used as a section constitute and a section constitutes and affirmation used as a section constitute and a sect | mber or an authorized representative of a member. a 608.408(3), Florida Statutes, the execution of this document under the penaltics of perjury that the facts stated herein are true. a formation submitted in a document to the Department of State |
| LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for | mber or an authorized representative of a member. 1608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. |

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