

L12000160715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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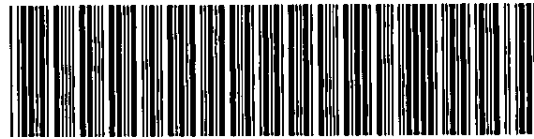
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/12--01001--006 **130.00

EFFECTIVE DATE

01/02/13

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2012 DEC 27 PM 12:32
1001 MILLER
10 ACKNOWLEDGE
SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. BRYAN

DEC 27 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & J Home Maint. and Lawn Care "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:

Jerry Lynn
Name of Person

K & J Home Maint. and Lawn Care "L.L.C."
Firm/Company

247 Robinhood Ct.
Address

Tallahassee Fl. 32312
City/State and Zip Code

Kristinlynnere@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Lynn at (850) 284-9208
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R4J Home Maint. and Lawn Care "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:

247 Robinhood Ct.
Tall. FL 32312

Mailing Address:

247 Robinhood Ct.
Tall. FL 32312

EFFECTIVE DATE

01/02/13

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:

Terry Lynn
Name

247 Robinhood Ct.
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32312
City, State, and Zip

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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..

Terry Lynn
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Kristin Lynn
247 Robinhood Ct.
Tallahassee Fl. 32312

MGRM

Jerry Lynn
247 Robinhood Ct.
Tallahassee Fl. 32312

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: 1/2/13 (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.)

Jerry Lynn
Typed or printed name of signer

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)