13000018548

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

FEB - 5 2013 G. MCLEOD



700244238847

02/04/13--01032--010 **130.00

13 FEB -4 PM 4:21

COVER LETTER

TO:	Registration S Division of Co		·
		J2 Timb	perlands LLC
SUBJI	ECT:		ed Liability Company
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.
Please	return all corresp	pondence concerning this matt	er to the following:
		James I	M. Pafford, Jr.
			Name of Person
			Firm/Company .
		1002 La	sswade Drive
	-		Address
			see, FL 32312
			y/State and Zip Code @yahoo.com
			or future annual report notification)
For fur	ther information	concerning this matter, please	call:
Jar	nes Pat	fford, Jr.	at (850 545-7578 Area Code & Daytime Telephone Number
	Name	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check f	or the following amount:	
□\$125.	00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

10.79		
	mberlands, LLC "Limited Liability Company, "L.L.C.," or "LLC.")	
	,	
ARTICLE II - Address:	on of the main that office of the Libertand Y in 114. Game	•
The maning address and street addre	ess of the principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
1002 Lasswade Drive	Samo	
Tallahassee, FL 32312		
	·	
business entity with an active Florida registration. The name and the Florida street addr	े अस्	3 50 -4
1	002 Lasswade Drive	PH 4:2
Flor	rida street address (P.O. Box NOT acceptable)	
Tai	llahassee, FL 32312	2
	City, State, and Zip	
liability company at the place des registered agent and agree to act in all statutes relating to the proper à	gent and to accept service of process for the above stated ignated in this certificate, I hereby accept the appointment this capacity. I further agree to comply with the provided complete performance of my duties, and I am familiansition as registered agent as provided for in Chapter 60	ent as sions of ar with

(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:

	Manager = Managing Member	Name and Address:
MGRM		James M. Pallord Revocable Trust dated Nov 19, 2009
		1002 Lasswade Drive
		Taliahassee, FL 32312
		· · · · · · · · · · · · · · · · · · ·
•		

/X 1		
ICLE V: Effe	ment if necessary) ective date, if other than te is listed, the date n after the date of filing	nust be specific and cannot be more than five business
ICLE V: Effe a effective date to or 90 days	ective date, if other than te is listed, the date me after the date of filing	nust be specific and cannot be more than five business
ICLE V: Effe a effective date to or 90 days REQUIRE	ective date, if other than to is listed, the date is after the date of filing ED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation up a may a ma	nust be specific and cannot be more than five business
ICLE V: Effe a effective date to or 90 days REQUIRE	cetive date, if other than te is listed, the date is after the date of filing ED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation unlimated any false in constitutes a third degree fe	hiber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State

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)