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· (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 APR 18 PM 5: 03

APR 22 2014 D. BRUCE



April 4, 2014

BILLY ROLAND JR. P.O. BOX 442012 JACKSONVILLE, FL 32222

SUBJECT: LORD AND ROLAND, LLC

Ref. Number: W14000021601

We have received your document for LORD AND ROLAND, 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):

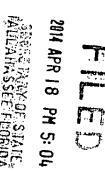
Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00007267



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LORD and Roland, Ll	_C
Name of Limited Liabi	lity Company
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
Billy ROLAND JR.	
	f Person
LORD and Roland, LLC	3
Firm/Co	ompany
PABOX 442012	
P.O.BOX 442012 Add	ress
Jackson Ville PL 3 City/State as	2222
City/State at	nd Zip Code
LORD and Roland @ Yahoo. 6 E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	,
	T 0 11
Rilly Roland Ja. at (904) Name of Person Area Coo	718-4054
Name of Person Area Coo	le Daytime Telephone Number
Enclosed is a check for the following amount:	OO Filing Fee & \$\int \$\frac{1}{3}\$160.00 Filing Fee & \$\int \$\frac{1}{3}\$
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155. Certificate of Status Certificate of Status (addition)	Certificate of Status Repair and Copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
LORD and Roland, LLC (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 street address and street address of the principal office of the mailing address and street address of the principal office of the mailing address and street address of the principal office of the mailing address and street address of the principal office of the mailing address.	he Limited Liability Company is:
Principal Office Address: Maili	ing Address:
5636 Gentle Oaks DRS Dacksonville FL 32244 Da	0.BOX 442012 CK SONVIlle, FC 32272
ARTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent ar	e:
Billy Roland St.	
Billy Roland JL.	
6636 Gentle oaks	DR S
Florida street address (P.O. Box NOT ad	cceptable)
Jackson ville FI	32244
<u>Jackson ville</u> FL	Zip
Having been named as registered agent and to accept service of p the place designated in this certificate, I hereby accept the appe- capacity. I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obligations Chapter 605, F Registered Agent's Signature (REG	ointment as registered agent and agree to act in this tutes relating to the proper and complete performance of my position as registered agent as provided form
(CONTINUED)	

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MeR.	Billy ROLAND JR.
1/3-10-	6636 Gentle Oaks DR. S
	Jackson ville FL 32244
	·
V: Effective date, if other than the	e date of filing:
ctive date is listed, the date must filing.)	e date of filing:
V: Effective date, if other than the tive date is listed, the date must	e date of filing:
V: Effective date, if other than the tive date is listed, the date must filing.)	e date of filing: (OPT!ONAL) be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any.	e date of filing:
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V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with sections)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

Page 2 of 2

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

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