

L14000095943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/14--01029--022 **125.00

JUN 16 2014
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2014 APR 11 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Attention: Tammi Cline

6/13/14

J.B. Lawenz is not using
J.B. Lawnz Inc.

We are giving the corporation
permission to use the name
J. B. Lawnz LLC. -

reference # W14000023478

letter # 81400007946

Thank You,

Jacque Berger

2853 Rosetree Drive
Jensen Beach, FL 34957



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2014

JACQUE BERGER
2853 ROSETREE DR.
JENSEN BEACH, FL 34957

SUBJECT: JB LAWNZ, LLC
Ref. Number: W14000023478

We have received your document for JB LAWNZ, 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):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 814A00007946

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 11 AM 10:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JB LAWNZ, LLC

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:

JACQUE K BERGER

Name of Person

Firm/Company

2853 ROSETREE DR.

Address

JENSEN BEACH, FL. 34957

City/State and Zip Code

goleft1@comcast.net

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

For further information concerning this matter, please call:

THERESA ORTADO

Name of Person

at (772)

Area Code

370-6743

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JB LAWNZ 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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

2853 ROSETREE DR
JENSEN BEACH, FL 34957

2853 ROSETREE DR
JENSEN BEACH, FL 34957

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:

THERESA ORTADO

Name

3598 NW ADRIATIC LANE

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

JENSEN BEACH

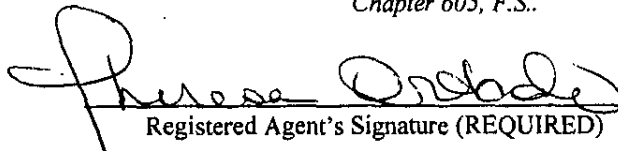
City

FL 34957

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JACQUE BERGER

2853 ROSETREE DR

JENSEN BEACH, FL 34957

AMBR

CARRIE BERGER

2853 ROSETREE DR

JENSEN BEACH, FL 34957

(Use attachment if necessary)

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PALM BEACH, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: 04/08/2014 (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.)

ARTICLE VI: Other provisions, if any.

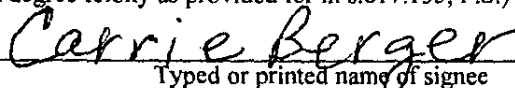
REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)



Typed or printed name of signee

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)