

L 14000109421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL 10 2016

A. LUNST

W/4-39414

Office Use Only



700261385227

06/19/14--01015--006 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -9 AM 10:41

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2014

JAMES LANI
1005 SAN PEDRO DR.
DUNEDIN, FL 34698

SUBJECT: JAMES LANI, LLC
Ref. Number: W14000039414

FILED
2014 JUL -9 AM 10:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for JAMES LANI, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 214A00013716

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James Lani, 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:

James Lani
Name of Person

Firm/Company

1005 San Pedro Dr.
Address

Dunedin FL 34698
City/State and Zip Code

Melissa@Statisticssolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Moran at (727) 637-6986
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

RECEIVED
JUL 10 2014
DIVISION OF CORPORATIONS

2014 JUL -9 AM 10 41

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

James Lani, 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:

1005 San Pedro Dr.
Dunedin, FL 34698

Mailing Address:

1005 San Pedro Dr.
Dunedin FL 34698

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:

James Lani

Name

1005 San Pedro Dr.

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

Dunedin

City

FL

34698

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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

2014 JUL -9 AM 10:41

FILED

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

AMBR

Name and Address:

James Lani
1005 San Pedro Dr.
Dunedin FL 34698

Melissa Moran
37 Westwinds Dr.
Palm Harbor, FL 34683

FILED
2014 JUL -9 AM 10:41
CLERK OF COURT
HILLSBOROUGH COUNTY
FLORIDA

2014 JUL -9 AM 10:41

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/17/2014 (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.)

James Lani

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)