

**L14000140581**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

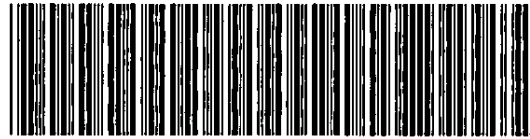
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400263822064**

09/02/14--01047--003 \*\*155.00

**FILED**

2014 SEP -2 AM 11:30

CLERK OF SUPERIOR COURT  
HALL COUNTY, FLORIDA

EFFECTIVE DATE

*08/29/14*

SEP 09 2014  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JJ Morris Realty Group, 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:

Janine Morris

Name of Person

JJ Morris Realty Group, LLC

Firm/Company

1664 Peterson Place

Address

Sanford FL 32773

City/State and Zip Code

janine.morris1770@outlook.com

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

For further information concerning this matter, please call:

Janine Morris

Name of Person

at (407)

Area Code

630-1770

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

2014 SEP -2 AM 11:30  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT  
RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JJ Morris Realty Group 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:

1664 Peterson Place  
Sanford, FL 32773

1664 Peterson Place  
Sanford, FL 32773

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:

Janine Morris

Name

1664 Peterson Place

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

Sanford

City

FL

32773

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..

Janine Morris

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 08/29/14

2014 SEP -2 AM 11:31  
STATE OF FLORIDA  
CLERK OF THE COURT

**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:**

Janine Morris  
1664 Peterson Place  
Sanford, FL 32773

Jason Morris  
1664 Peterson Place  
Sanford, FL 32773

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/29/14 (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.)

JANINE MORRIS  
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)

FILED  
2014 SEP -2 AM 11:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA