

U5000007235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

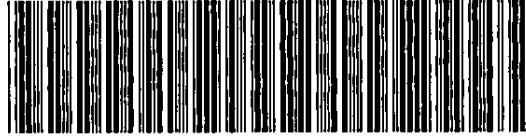
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



000267870360

000267870360
12/31/14--01025--010 **125.00

FILED

2014 DEC 31 PM 1:49

CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 14 2015
J. BRUCE

JM Lancaster Property LLC

15403 Fenton Place

Tampa, FL 33647

December 28, 2014

Registration Section,

Division of Corporations,

PO Box 6327

Tallahassee, FL 32314

To Whom It May Concern,

Please find enclosed a check for \$125 as payment for the filing fee for Articles of Organization and Designation of Registered Agent for **JM Lancaster Property LLC**.

Please feel free to contact me with any questions,

Sincerely

A handwritten signature in black ink, appearing to be "Johnathan M. Lancaster", written over a horizontal line.

Johnathan M. Lancaster

Registered Agent

Tel: 612-817-3705

FILED
2014 DEC 31 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JM Lancaster Property 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:

Johnathan M. Lancaster
Name of Person

JM Lancaster Property LLC
Firm/Company

15403 Fenton Place
Address

Tampa, FL 33647
City/State and Zip Code

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

For further information concerning this matter, please call:

Johnathan M. Lancaster at (612) 817 3705
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 DEC 31 PM 1:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM Lancaster Property 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:

15403 Fenton Place

Tampa, FL 33647

15403 Fenton Place

Tampa, FL 33647

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:

Johnathan M. Lancaster

Name

15403 Fenton Place

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

Tampa

City

FL 33647

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 DEC 31 PM 4:49
CLERK OF THE COURT
HILLSBORO COUNTY
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Johnathan M. Lancaster

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 DEC 31 PM 1:49
SECRETARY OF STATE
FLORIDA