~L15000017548

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
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Effective Date 1015

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T. HAMPTON

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Jefferson Courtyard L.L.C		
	Name of Li	mited Liability Company	
The enclos	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retu	rn all correspondence concerning this n	natter to the following:	
	Theresa Paterson		
		Name of Person	
	Jefferson Courtyard		
		Firm/Company	_
	5814 Jefferson Street		
		Address	
	New Port Richey 34652		
		City/State and Zip Code	
outoff	thebox27@yahoo.com E-mail address: (to be use	ed for future annual report notifica	tion)
For further	information concerning this matter, ple	ease call:	
Theresa I	Paterson at (727) 514-1733	
	Name of Person		ephone Number
Enclosed is	s a check for the following amount:		
□ \$125.00 F	iling Fee \$\begin{align*} \begin{align*} \Delta \$130.00 \text{ Filing Fee & Certificate of Status} \end{align*}	S155.00 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	Street/Courier Addr Registration Section Division of Corporati	-
	P.O. Box 6327	Clifton Building	ions

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Effective Date 1/10/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:		
Jefferson Courtyard	I L.L.C		
		nited Liability Company, "L.L.C.," or '	'LLC.")
ARTICLE II - Address a		oal office of the Limited Liability Com	pany is:
Principal Office Add	ress:	Mailing Address:	
5814 Jefferson Stre	et	5814 Jefferson Street	
New Port Richey		New Port Richey	···
Florida 34652		Florida 34652	
The name and the Flo	rida street address of the regist Theresa Paterson	ered agent are:	
		ame	
	5814 Jefferson Street		
	Florida street address (P.O.	Box NOT acceptable)	
٠	New Port Richey	FL 34652 Zip	
	City	Zip	
the place designat capacity. I further a	ed in this certificate, I hereby a agree to comply with the provisi am familiar with and accept th	ot service of process for the above state ccept the appointment as registered agains of all statutes relating to the prope to obligations of my position as register chapter 605, F.S	ent and agree to act in this r and complete performance
	`	INUED) 1 of 2	TALLAH TALLAH

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGR	Theresa Paterson
	5814 Jefferson Street New Port Richey 34652
	Town of the state
MGR	lain Paterson 5814 Jefferson Street
	New Port Richey 34652
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: 01/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing: 01/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or
Filing.) VI: Other provisions, if any.	ate of filing: 01/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the date tive date is listed, the date must be filling.)	ate of filing: 01/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of a regula	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular (In accordance with section constitutes an affirmation under I am aware that any false information degree fellows)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the date is listed, the date must be if filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of a ra	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the date is listed, the date must be filling.) EVI: Other provisions, if any. Signature of a real (In accordance with section constitutes an affirmation under I am aware that any false information degree fellows)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee
V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any. Signature of a reaction constitutes an affirmation under the lam aware that any false information constitutes a third degree fellain Paterson	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

Page 2 of 2