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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Division of Corporations		
SUBJECT: <u>J. LAN MANAGEMENT GROUP</u> ,	11.0	
	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
ARNOLD BRAUN		
	Name of Person	
	Firm/Company	
4326 MAHOGANY RIDGE DRIVE		
	Address	j menin
WESTON,FL 33331	The 164 Acres 2 of 2 of 2	
ARNOLDBRAUN@GMAIL.COM	City/State and Zip Code	超哥工
E-mail address: (to be use	d for future annual report notification	ation)
For further information concerning this matter, ple	ase call:	122 5
ARNOLD BRAUN at (856) 383-6073	
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
□ \$125.00 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	Street/Courier Add Registration Section	ress
Division of Corporations P.O. Box 6327	Division of Corporal Clifton Building	tions
P.U. BOX 0327 Tallahassee FL 37314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
J. LAN MANAGEMENT GROUP, LLC.	
	iability Company, "L.L.C.," or "LLC.")
A VERTECULAR BY A A A A	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4326 MAHOGANY RIDGE DRIVE	4326 MAHOGANY RIDGE DRIVE
WESTON, FL 33331	WESTON, FL 33331
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own R	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 a	agent are:
ARNOLD BRAUN	ー が が が m
Name	一点 ロ
4326 MAHOGANY RIDGE DR	<u>vs</u> 29 %
Florida street address (P.O. Box]	NOT acceptable)
MESTON	FL 33331
<u>WESTON</u> City	Zip
·	·
Having been named as registered agent and to accept serv	vice of process for the above stated limited liability company at
	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance
	gations of my position as registered agent as provided for in
	605, F.S
XIT	
Registered Agent's Signatu	ure (REQUIRED)
• • • •	

(CONTINUED)
Page 1 of 2

<u> Title:</u>	Name and Address:
'MGR" = Manager	
MGR	ARNOLD BRAUN
	4326 MAHOGANY RIDGE DRIVE
	WESTON, FL 33331
MGR	NATALIE BRAUN
	4326 MAHOGANY RIDGE DRIVE
	WESTON, FL 33331
EV: Effective date, if other than the dateive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
Use attachment if necessary) EV: Effective date, if other than the dateive date is listed, the date must be a filling.) EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·
J. LAN MANAGEMENT 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4326 MAHOGANY RIDGE DRIVE WESTON, FL 33331	4326 MAHOGANY RIDGE DRIVE WESTON, FL 33331
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration.) The name and the Florida street address of the registered a	Registered Agent. You must designate an individual or .)
	agent are.
ARNOLD BRAUN Name	
4326 MAHOGANY RIDGE DR Florida street address (P.O. Box	
WESTON	FL 33331
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obt	
Page 1 of 2	
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<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·
MGR" = Manager	
MGR	ARNOLD BRAUN
	4326 MAHOGANY RIDGE DRIVE
	WESTON, FL 33331
MGR	NATALIE BRAUN
	4326 MAHOGANY RIDGE DRIVE
	WESTON, FL 33331
······	
V: Effective date, if other than the date tive date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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