L150000 85434

| (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: |
| |
| |
| W 201 |
| 4/20/15 CL Office Use Only |



400271094914

03/31/15--01015--011 **125.00

Effective Date 3 | 26 | 15

2015 MAR 31 AM 7: 18

WAY TO ROPE PARE

COVER LETTER

| TO: | | ion Section of Corporations | | | | |
|------------|---------------|----------------------------------|--------------|--|---------------|--|
| SUBJE | CT: | JL Concre | te I | Design 1 nited Liability C | LLC ompany | |
| The end | closed Artic | les of Organization ar | id fee(s) ar | re submitted for | filing. | |
| Please 1 | eturn all co | rrespondence concern | ing this m | atter to the follo | wing: | |
| | | Loren | ∞ 111 | Name of Pers | on | |
| | | | | | | ددد |
| | | 7328 | EL | sa St | | |
| | | | | Address | | |
| | | Engla | <u>. ພວ</u> | City/State and Zip | 34224 | |
| | | e +. | +. | Clara of | Code | 0 |
| | | E-mail address: | (to be use | d for future annu | amail. | tion) |
| For furt | her informa | tion concerning this r | | | | |
| i_ | oren 1 | Yn ller Name of Person | at (| 941 | 270.22 | -01 |
| | N | lame of Person | | Area Code | Daytime Tel | ephone Number |
| Enclose | ed is a check | for the following am | ount: | | | |
|] \$125.00 | 0 Filing Fee | \$130.00 Filin Certificate of | | \$155.00 Fi Certified C (additional co | | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | _ | 4 'P' 4 1 1 | | 0. | | |

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

Loren Miller 7328 Elsa St Engle wood, FL 34224

(941) 270.2201 Anytime

Mary Ann Miller 7328 Elsowt Englewood, Fc 34224 (941) 468-7328

15 HAR 31 AM 7:



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2015

LOREN MILLER 10076 MELANIE AVE ENGLEWOOD, FL 34224

SUBJECT: J L CONCRETE DESIGN I LLC

Ref. Number: W15000027563

We have received your document for J L CONCRETE DESIGN I 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual orbusiness entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration Section.

Letter Number: 415A00007881

2015 HAR 31 AM 7: 18

Effective Date 3/26/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| THE CLASSIC CHARACTER TO CHEE | CHECKLE LEADING I COM PAIN | | |
|--|--|--------------------------|-----------------------|
| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
| Must end with the words "Limited I | 901 LLC iability Company, "L.L.C.," or "LLC.") | | |
| 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: | | |
| 7328 Elsa St Enslawood, Fl34224 | Sone | | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. | legistered Agent. You must designate an ir | ndividual | or |
| The name and the Florida street address of the registered a | gent are: | | |
| Loren Mill | 2 | | |
| Name | | | |
| Florida street address (P.O. Box) | NOT acceptable) | | |
| Englewood | FL 34224 | | |
| City | Zip | | |
| Having been named as registered agent and to accept serv 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 obliging Chapte Registered Agent's Signature. | the appointment as registered agent and ag fall statutes relating to the proper and comgations of my position as registered agent a r 605, F.S | ree to act plete perj | t in this formance |
| (CONTINUE | (D) | SE | 201 |
| Page 1 of 2 | | ECRETARY LLAHASSEI | 2015 MAR 31 |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR MGR | Loren Miller 7328 Fina St |
| | |
| ۸ | Englewood, Fl 34224 |
| MATTAR AMBR | Mary Ann Miller |
| 1 | Fr. Lewood, Fr 34224 |
| _ AMBR | - C13 1200 PC 37127 |
| Brus Startes | Bruce Schocedor |
| | Track melanie Aut |
| | - LOS rewards, FE STEET |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ective date is listed, the date must be s f filing.) | e of filing: 3-26-15 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days |
| ective date is listed, the date must be sport of filing.) | e of filing: 3-26-15 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days |
| ective date is listed, the date must be sport of filing.) | |
| ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. | |
| ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. | |
| ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | pecific and cannot be more than five business days prior to or 90 days |
| ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnitude (In accordance with section 6) | pecific and cannot be more than five business days prior to or 90 days Line Line Company the second of this document with the company to the second of this document of this document |
| Extive date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info | pecific and cannot be more than five business days prior to or 90 days Line L Member or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |
| Extive date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info | pecific and cannot be more than five business days prior to or 90 days Limit L Member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document lier the penalties of perjury that the facts stated herein are true. |
| REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo | pecific and cannot be more than five business days prior to or 90 days member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true. Tomation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo | pecific and cannot be more than five business days prior to or 90 days Line L Member or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |
| REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo | member or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Erco Miller Typed or printed name of signee |
| E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo | pecific and cannot be more than five business days prior to or 90 days lember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Typed or printed name of signee Filing Fees: |
| Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo \$125.00 Filing Fee for Articles of Ots 30.00 Certified Copy (Optional) | pecific and cannot be more than five business days prior to or 90 days lember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Typed or printed name of signee Filing Fees: |
| E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felo | pecific and cannot be more than five business days prior to or 90 days lember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. lemation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Lecon Miller Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent |