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Office Use Only



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## **COVER LETTER**

**Registration Section** 

TO:

Division of C	orporations			
SUBJECT:	MY LAND	LORD, LLC		
Name of Limited Liability Company				
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corres	pondence concerning this m	natter to the following:		
٨٠٤	DABERBR	rek		
<del></del>		Name of Person		
<u> </u>	LANDLO	RD, LLC		
		Firm/Company		
450 N FEBERAL HWY SUITE MIZN				
		Address		
Pou	NTON BE A	OH FL 334	35	
# A - 5 as k - 5 .	Test 2015	City/State and Zip Code		
1 BE	RORICK3@			
	E-mail address: (to be use	d for future annual report notificati	on)	
For further information	concerning this matter, pleas	se call:		
	BEABRICK		434	
		Area Code Daytime Telephone	e Number	
Enclosed is a check for	r 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)	
Mail	ling Address	Street Address		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle	
			_	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: MAJANDLO.R.D.J.L.C.," or "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: DEFEDERALIHMY HOD DEFENERAL HW SUITE 1412 N BOUNTON BEACH FU 35-135 SUITE HIZK BOUNTON BCH FL 33435 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: 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) Page 1 of 2 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a member of 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.) Typed or printed name of signee \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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\$ 5.00 Certificate of Status (Optional)