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PICK-UP	MAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC"	J & L LANDSCAPE DESIGN, LLC.				
Name of Limited Liability Company					
The enclo	sed Articles of Organization and fee(s)	are submitted f	or filing.		
Please ret	urn all correspondence concerning this	matter to the fo	llowing:		
	JOSHUA BROWN				
	<u> </u>	Name of F	erson		
	J & L LANDSCAPE DESIGN, LLC	2.			
	Firm/Company				
	7810 NW 71ST COURT				
		Addre	SS		
	TAMARAC/ FL 33321				
	JOSHUABROWN1235@ YAHOO.C	City/State and COM	Zip Code		
	E-mail address: (to be us	ed for future an	nual report notification)		
For further	information concerning this matter, ple	ase call:			
	JOSHUA BROWN	561	502-0282		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for the following amount:				
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	) [ ( 2	Street Address  New Filing Section  Division of Corporations  Clifton Building  661 Executive Center Circle  Fallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
E II - Address:  ng address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address	<u>ss</u> :
7810 NW 71ST COURT 7810 NW 71ST COURT	

JOSHUA BROWN

The name and the Florida street address of the registered agent are:

Name

7810 NW 71ST COURT

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

TAMARAC

FL

33321

City

State

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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	JOSHUA BROWN		
MGR AMBR	7810 NW 71ST COURT		
	TAMARAC, FL 33321		
	<del></del>		
(Use attachment if necessary)			
ARTICLE V: Effective date if other than the	e date of filing: MARCH 15, 2016 (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 the document's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be listed as		
the document's effective date on the Depart	inent of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
<i></i>			
Signature	a member or an authorized representative of a member.		
This document is a	executed in accordance with section 605.0203 (1) (b), Florida Statutes.  y false information submitted in a document to the Department of State		
	degree felony as provided for in s.817.155, F.S.		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

JOSHUA BROWN

SECRETARY OF STATE

