

L16000173653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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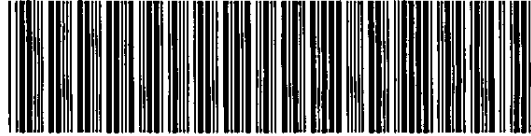
(Business Entity Name)

(Document Number)

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2016 JUL 28 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

LORI JAYNE LEVESQUE
179 PLANTATION WAY
SANTA ROSA BEACH, FL 32459

SUBJECT: LJO PROPERTY MAINTENANCE LLC.
Ref. Number: W16000059167

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 28 PM 12:30

We have received your document for LJO PROPERTY MAINTENANCE LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The completed document was not received. Please resubmit the Articles of Conversion Page. I have enclosed the page needed for you to fill out. Once you have filled out the page please submit it back to me so that we are able to process your documents.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II
New Filing Section

Letter Number: 716A00018166

RECEIVED

16 SEP 16 AM 10:54

DEPT OF STATE
BUREAU OF CORPORATIONS
REGISTRATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LJL PROPERTY MAINTENANCE 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:

179 PLANTATION WAY
SANTA ROSA BEACH
FLORIDA 32459

Mailing Address:

179 PLANTATION WAY
SANTA ROSA BEACH
FLORIDA 32459

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:

LORI JAYNE LEVESQUE
Name

179 PLANTATION WAY

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

SANTA ROSA BEACH FLORIDA 32459
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

LORI LEVESQUE
179 PLANTATION WAY
SANTA ROSA BEACH FLORIDA
32459

DYLAN LEVESQUE
179 PLANTATION WAY
SANTA ROSA BEACH FLORIDA
32459

(Use attachment if necessary)

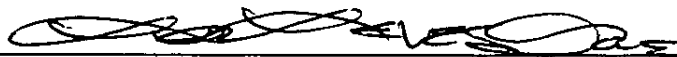
ARTICLE V: Effective date, if other than the date of filing: 09/07/16 (OPTIONAL)

(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 or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

LORI LEVESQUE

Typed or printed name of signee

Filing Fees

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2016 JUL 28 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA