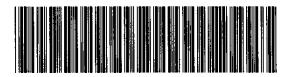
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COVER LETTER

72.	
	gistration Section vision of Corporations
SUBJECT:	S&J owners LLC
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	JUDITH LANAHAN
	Name of Person
	Firm/Company
_	910A MAPLE ST. Address
	Address
_	NEW SMYRNA BEACH FL 32169 jusith. larahan @ gmail. com
	V E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
_	Name of Person Area Code Daytime Telephone Number
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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: 12824 Via Caballo Rojo 12824 Via Caballo K Aan Diego CA 92129 Aan Diego CA 92129
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:
TUBITH LANAHAN Name
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
NEW SMYRNA BEACH FL 32169 City State Zip
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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MIT MID

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JUDITH LANA HAN
	PIOA MAPLE ST. NEW SMYRNA BEACH EL 32169
AMBR	STEVEN FRESHOUR 1284 Va Caballo ROJO SAN DIEGO CA 92129
	<u></u>
	
(Use attachment if necessary)	
he date of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
REOUIRED SIGNATURE:	
Jada	th Fanahan
This document is of I am aware that any	f a member or an authorized representative of a member. 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.
<u>Ju</u>	Typed or printed name of signee
\$125.00 Filing Fee for Articles \$30.00 Certified Copy (Option 5.00 Certificate of Status (C	
	Page 2 of 2

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

ARTICLE IV-