

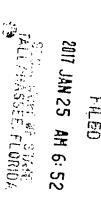
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Lord & James LLC		
SUBJEC		f Limited Liabil	lity Company
The enclo	sed Articles of Organization and fee(s	s) are submitted	I for filing.
Please ret	urn all correspondence concerning thi	s matter to the	following:
	James A. Bronsink		
		Name of	Person
	Lord & James LLC		
		Firm/Co	ompany
	737 New Wales Lane		
		Addı	ress
	St. Augustine, FL 32092		
	jimbronsink@hotmail.com	City/State an	d Zip Code
		used for future a	annual report notification)
For further	information concerning this matter, p	lease call:	
	James A. Bronsink	904	806-6328
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
W	Filing Fee \$130.00 Filing Fee & Certificate of Status	i	20 Filing Fee & Status & Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2017

JAMES A. BRONSINK 737 NEW WALES LANE ST. AUGUSTINE, FL 32092

SUBJECT: LORD & JAMES LLC Ref. Number: W17000000614

We have received your document for LORD & JAMES 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 517A00000203

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				FILI	\$U
The name of the Limited Liability	Company is:			2017 JAN 25	AH C. EO
\mathcal{O}_{\bullet}					
Lord & James LLC				Salah menerik	ME WINTE
(Must end v	with the words "Limite	d Liability Con	many "LLC "or "LC"	TALLATIASSE	Ĕ, FĽŮŘÍĎA
(ividit cita v	viii the words Emile	a Blacking Con	npany, "L.L.C.," or "L LC.")	S	
ARTICLE II - Address:					
The mailing address and street ad	dress of the principal of	office of the Li	mited Liability Company is:		
OF Britains	l Office Address.		Maning A	Jd	
Alan	l Office Address:		Mailing Ac	<u> 10 ress</u> :	
Lord & James LLC c/	o James Bronsink		James Bronsink		
737 New Wales Lane			737 New Wales Lane		
St. Augustine, FL 32	092		St. Augustine, FL 32092		
ADTICLE III D. d	D 1.000	0 m · 4			
ARTICLE III - Registered Age (The Limited Liability Company				individual or	
another business entity with an ac			gem. Tou must designate an	marviduai oi	
•		,			
The name and the Florida street a	ddress of the registere	d agent are:			
	James A Bronsink				
	James A Dionsink	Name		•	
		Name			
	737 New Wales Lan	ie			
	Florida street addre	ss (P.O. Box N	OT acceptable)	•	
	C	F.1	22002		
	St. Augustine	FL	32092	-	
	City	State	Zip		
Having been named as registered a	gent and to accept sen	sica of process	for the above stated limited b	iahility company at t	ho
place designated in this certificate,	gem and to accept seri I hereby accept the ani	oce of process f pointment as re	vistered agent and agree to a	act in this capacity	ne I
further agree to comply with the pro	ovisions of all statutes i	relating to the p	roper and complete perform	ance of my duties, a	nd I
am familiar with and accept the obl					
		_			
	(),,,,,,,,	aB.	and in h		
	Pagin	tered Agent's	Gignature (REQUIRED)	_	
	V Regis	iereu Agent S	orginature (REQUIRED)		

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(Use attachment if necessary) (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lift occurrent's effective date on the Department of State's records. ICLE VI: Other provisions, if any. COMPANY OF THE CONTROLL OF THE CONTRO	Title: "AMBR" = Authorized M	Name and Address: ember	
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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)