L11000733194

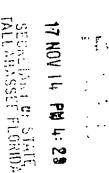
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Ďc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



800304078968

10/18/17--01022--023 **160.00



N CULLIGAN NOV 1 4 2017

COVER LETTER

gs. 1

TO: New Filing Section Division of Corporations
SUBJECT: LANS CONSTRUCTION LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PATRICK JAMMAL LANE Name of Person
Name of Person
LANE CONSTRUCTION LLC Firm/Company
Firm/Company
320 LANESVILLE DR
Address
City/State and Zip Code P. lane 31@ yahari.Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
PATRICK LANE at (850) 814-3537 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



NEUL.

FLORIDA DEPARTMENT OF STATE HOY 14 PN 2:09

Division of Corporations

THE DESCRIPTION OF VIEWS

October 19, 2017

PATRICK LANE 320 LANESVILLE DR APALACHICOLA, FL 32320

SUBJECT: LANE CONSTRUCTION LLC

Ref. Number: W17000083496

We have received your document for LANE CONSTRUCTION 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 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 917A00021138

ARTICLES OF ORGANIZATION FOR FLOREDA LIMÍTED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	ty Company is:			NO.
			Jerion LL	C 888
(Must cont	ain the words "Limited L	iability Company, "I	L.C.," or "LLC.")	TO 2
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited L	iability Company is:	P. STAILS
<u>Princip</u>	al Office Address:	22.01	Mailing Addres	<u>s</u> :
320 LA	NESVIILE DR 2 FL 3232	32	320 Ppola	<u>chirola</u>
				
ARTICLE Ht - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street)	cannot serve as its own I	Registered Agent. Yo	ou must designate an indiv	
	Patrick Jan	Name		
	320 LANES Florida street address	Ville DR A	palachicula FL epitable)	323 ²⁰
	Productical a	FL	32320	
	Ppolochicala City	State	Zip	
laving been named as registered (lace designated in this certificate,				
urther agree to comply with the pr				

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR = Manager MGR	PAROLCK T LAND
	320 LAURSVILLE NR
	PATRICK J LANE. 320 LAWESVILLE DE Applachicola PL 32320
	
	Ev. T
	<u></u>
	<u></u>
	95.23 S.23
(Use attachment if necessary)	## B ##
·	1
LE V: Effective date, if other than the date of filing	g: <u> </u>
in the date of thing	
ffective date is listed, the date must be specific a	nd cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be specific a of filing.)	
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be li
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be li
ffective date is listed, the date must be specific and filling.) If the date inserted in this block does not meet the ument's effective date on the Department of State	applicable statutory filing requirements, this date will not be li
ffective date is listed, the date must be specific and filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be fi
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State	applicable statutory filing requirements, this date will not be fi
ffective date is listed, the date must be specific and filing.) If the date inscrted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be li
fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be li
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be li
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be li
ffective date is listed, the date must be specific and filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any. REOUIRED SIGNATURE:	applicable statutory filing requirements, this date will not be first records.
ffective date is listed, the date must be specific and filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of	applicable statutory filing requirements, this date will not be first records.
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of This document is executed in accounted in accounted.	e applicable statutory filing requirements, this date will not be file's records. For an authorized representative of a member, ecordance with section 605.0203 (1) (b), Florida Statutes.
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of This document is executed in an I am aware that any false inform	er an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State
ffective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of This document is executed in an I am aware that any false inform constitutes a third degree felony	e applicable statutory filing requirements, this date will not be like's records. For an authorized representative of a member, econdance with section 605,0203 (1) (b), Florida Statutes.

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)