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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			

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SECRETARY OF STATE
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COVER LETTER

New Filing Section

TO:

Division of Corporations		
SUBJECT: M + J a & Clea Name of Limited	ring and 5.to Work LLC	<u>.</u>
The enclosed Articles of Organization and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	Some and white of the
michael E. Lo	ame of Person	
9201 Road to	the Lake RD Address	
Tallahassee F	State and Zip Code	
•	future annual report notification)	
For further information concerning this matter, please ca	iii:	
Name of Person Area	Code Daytime Telephone Number	्या है अस्त्र अस्त्र १ स
Enclosed is a check for the following amount:		
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (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 Tallahassec, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

m + 5 Land Clearive + Site Work LLC.

(Must contain 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:	Mailing Address:	
9201 Road to the lake ld	Same	
Talleshassee FC 32317		

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:

Michael Lanc

anc

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

riorida street address (P.O. Box <u>NOT</u> acceptable)

City

State

7in

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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	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:			
	Title:	Name and Address:		
I was	"AMBR" = Authorized Member "MGR" = Manager	9201 Road to the lake of		
	MSR	Mile Land		
	·			
	(Use attachment if necessary)			
(If an e	effective date is listed, the date must be specific	ing:		
Note:	If the date inserted in this block does not meet cument's effective date on the Department of St	the applicable statutory filing requirements, this date will not be listed as sate's records.		
ARTIC	CLE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:			
	This document is executed Lam aware that any false inf	er or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.		

Filing Feest

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)