L18000185349

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

Office Use Only

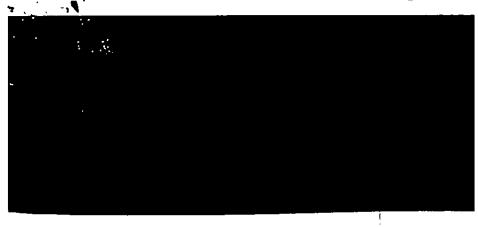
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2018

LLOYD CONNOR 1901 S. RONALD REAGEN BLVD ALTAMONTE SPRING, FL 32701 US

SUBJECT: L.J. CONSTRUCTION SERVICES LL Ref. Number: W18000051162

We have received your document for L.J. CONSTRUCTION SERVICES LL and check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following reason(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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

P16000095937

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.

Nadira D McClees-Sams Regulatory Specialist II Letter Number: 618A00011276

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COVER LETTER

	ew Filing Section ivision of Corporations	
CUDIFOT		uction Services LLC
SUBJECT		Limited Liability Company
The enclose	ed Articles of Organization and fee(s	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
		Lloyd Connor
		Name of Person
	L	. J. Construction Services LLC
		Firm/Company
	19	01 S. Ronald Reagen Blvd
		Address
	Altar	nonte Spring, Florida, 32701
		City/State and Zip Code Lloyd.connor@ljcs1.com
-		sed for future annual report notification)
For further is	nformation concerning this matter, pl	ease call:
	Lloyd Connor	407 963-4880
	at Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
] \$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

orn.

	_L.J. Construction			
(Must contain	the words "Limited Li	ability Compan	y, "L.L.C.," or "LLC.") INFORMATI	
ARTICLE II - Address:				
he mailing address and street addr	ess of the principal offi	ce of the Limit	ed Liability Company is:	
Principal (Office Address:		Mailing Address:	
1901 S. Ronat	d Reagen Blvd		1901 S. Ronald Reagen Blvd	
Altamonte Spring, Florida, 32701			Altamonte Spring, Florida, 32701	
The Limited Liability Company car	nnot serve as its own R	egistered Agen	gent's Signature: t. You must designate an individual or	
nother business entity with an acti	nnot serve as its own R ve Florida registration.	egistered Agen)	gent's Signature: t. You must designate an individual or	
The Limited Liability Company car	nnot serve as its own R ve Florida registration.	egistered Agen)	t. You must designate an individual or	
The Limited Liability Company can nother business entity with an acti	nnot serve as its own R ve Florida registration. lress of the registered a	egistered Agen) gent are: lovd Connor	t. You must designate an individual or	
The Limited Liability Company can nother business entity with an acti	nnot serve as its own R ve Florida registration. lress of the registered a	egistered Agen) gent are:	t. You must designate an individual or	
The Limited Liability Company can nother business entity with an acti	nnot serve as its own R ve Florida registration. lress of the registered a	egistered Agen) gent are: lovd Connor	t. You must designate an individual or	
The Limited Liability Company can nother business entity with an action in the name and the Florida street add	nnot serve as its own R ve Florida registration. lress of the registered a	egistered Agen) gent are: lovd Connor Name Ronald Reagen	t. You must designate an individual or	
The Limited Liability Company can nother business entity with an action in the name and the Florida street add	nnot serve as its own R ve Florida registration. lress of the registered a L 1901 S. F	egistered Agen) gent are: lovd Connor Name Ronald Reagen	t. You must designate an individual or	

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)

	<u>Title:</u> "AMBR" = Authorized	I Mombos	Name and Address:			
	"MGR" = Manager	rwember				
	AMBR		Lloyd Connor			
		-	1901 South Ronald Reagen Blvd		_	
			Altamonte Spring, Florida 32701	-	-	
	11/00				_	
	AMBR	_	Janet Connor			
			1901 South Ronald Reagen Blvd	:`.	\ T00	
			Altamonte Spring, Florida 32701		~ ,,,,,	
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	(Use attachment if nece	essary)				
ARTIC	LE V: Effective date, if o	other than the date of filir	ng: (OPTI) and cannot be more than five business days p	ONAL)		c.
the date	of filing.)	date must be specific a	and cannot be more than five business days p	rior to or 5	o days	atter
		block does not meet th	e applicable statutory filing requirements, this	date will n	ot be lis	sted ac
the doc	ument's effective date on	the Department of Stat	e's records	date will it	or be m	ittu as
		-				
ARTIC	LE VI: Other provisions,	if any.				
						_
						-
						_

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.

Llovd Connor
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)