

LA00001990S

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000028585 3)))



H190000285853ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DEAN AND DEAN, LLP  
Account Number : I19980000091  
Phone : (352)368-2800  
Fax Number : (352)867-5787

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: fsterbin@sterbincpa.com

FLORIDA LIMITED LIABILITY CO.  
J L ESTATES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

J. TACON

JAN 25 2019

2019 JAN 24 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

H19000028585 3

ARTICLES OF ORGANIZATION  
OF  
J L ESTATES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be **J L ESTATES, LLC** ("Company").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Company shall be 3112 4 Mile Road, Racine, WI 53402.

ARTICLE III

DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's duration shall be perpetual unless the Company is earlier dissolved as provided in these articles of organization.

ARTICLE IV

PURPOSE

The purpose for which this Limited Liability Company is organized is to perform any lawful purpose except that of banking and insurance.

H19000028585 3

**FILED**  
JAN 24 AM 10:38  
CLERK OF STATE  
TALLAHASSEE, FL

**H19000028585 3**

**ARTICLE V**

**REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is Jonathan S. Dean, 230 N.E 25<sup>th</sup> Avenue, Suite 100, Ocala, FL 34470.

**ARTICLE VI**

**CAPITAL CONTRIBUTIONS**

The initial member of the Company shall contribute to the capital of the Company the sum of \$1,000.00.

**ARTICLE VII**

**ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members.

**ARTICLE VIII**

**ADMISSION OF NEW MEMBERS**

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as all the members determine. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

**ARTICLE IX**

**INITIAL MEMBERS**

The initial member of the Company shall be SHIRLEY M. LONGO.

**H19000028585 3**

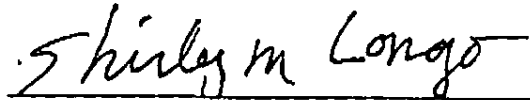
H19000028585 3

## ARTICLE X

## MANAGEMENT

The Company shall be managed by managers in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial manager of the Company is Shirley M. Longo, 3112 4 Mille Road, Racine, WI 53402.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Ocala, Florida, on this 11 day of January 2019.



SHIRLEY M. LONGO

STATE OF FLORIDA  
COUNTY OF MARION

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me this 11 day of January 2019, by SHIRLEY M. LONGO, who is personally known to me or has produced \_\_\_\_\_ as identification.

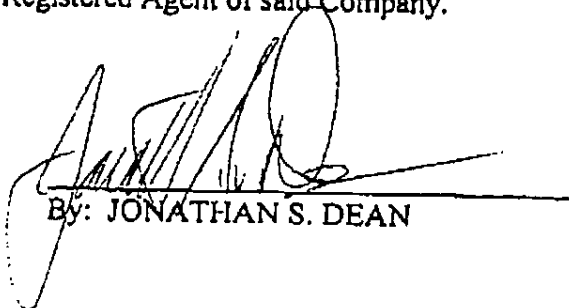


Notary Public

My commission expires on: 2/7/2020**CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT**

Having been designated as the Registered Agent for J L ESTATES, LLC, I hereby accept the designation and agree to act as the Registered Agent of said Company.

Dated this 22<sup>nd</sup> day of January 2019.



By: JONATHAN S. DEAN

H19000028585 3