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FILED 119 FEB 22 PH I2: |

COVER LETTER

	Filing Section ion of Corporations		
SUBJECT: _	J+D'S Bac	ckhoe & Handyman Services f Limited Liability Company	<u>L</u> L.
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	
Please return a	ll correspondence concerning thi	is matter to the following:	
_	John	Foster	
		Name of Person	
		Firm/Company	
_	4630 LAKE	DR Address	
_	Panama C	Hy FC 32404 Chy/State and Zip Code Johnh Foster 540 gmail. Co	
	E muit addrage (to be	. Johnh Foster 540 gmail. Co used for future annual report notification)	m
F 6		·	
ror turtner infor	mation concerning this matter, p	nease cair:	
	a	ıt ()	
	Name of Person	Area Code Daytime Telephone Number	
Epelosed is a c	check for the following amount:		
\$125.00 Filing	g Fee \$130.00 Filing Fee of Certificate of Status		ed)
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4	RTIC	71 E	T	Mar	
А	KIR	. I . F.	١.	Na:	me:

The name of the Limited Liability Company is:

(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:
4630 Lake DR. Panama City FC 32404	Sam e

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:

John Foster

Name

4630 LAKE Dr.

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

PANAMACITY FI 32404

City State Zip

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)

2019 FEB 22 PH 12: 17

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	John Foster 4430 Lake Dr. Panama City FL. 32404
·	
(Use attachment if necessary)	
If an effective date is listed, the date must be specific he date of filing.)	ling: <u>Feb. 22, 2019</u> . (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as totals records.
ARTICLE VI: Other provisions, if any.	late s records.
REOUIRED SIGNATURE:	
- Joh	n foster
This document is executed in I am aware that any false info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b),
John_T	rped or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$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)