

L19000213933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

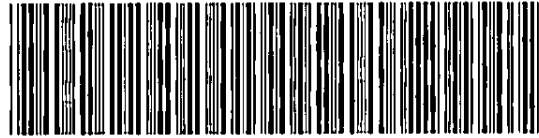
Certificates of Status ☒

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Office Use Only

N. SAMS

AUG 28 2019



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FILING CANCELLED  
DUE TO RETURNED CHECK

19 AUG 28 PM 2:57

FILED  
2019 AUG 28 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

FILING CANCELLED  
DUE TO RETURNED CHECKTO: New Filing Section  
Division of CorporationsSUBJECT: Just In Time Landscaping & Mace L.L.C  
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:

Joshua Lusby  
Name of Person3 Cedar Trace Run  
AddressOcala, FL 34472  
City/State and Zip CodeAquas Exchange @ Island.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shantel Lusby at (352) 512-3603  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)Mailing AddressNew Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressNew Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just in Time Landscaping & More 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:

3 Cedar Trace Run  
Ocala FL 34472

Mailing Address:

P.O. Box 1063  
Monticello, FL 32344

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:

Shantel Lusby  
Name

3 Cedar Trace Run  
Florida street address (P.O. Box NOT acceptable)

Ocala FL 34472  
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

Shantel Lusby  
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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Shantel Lusby  
3 Cedar Trace Run  
Ocala, FL 34422

Joshua Lusby  
3 Cedar Trace Rd  
Ocala, FL 34422

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Shantel Lusby

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.

Shantel Lusby

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)