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20 JUN 12 PM 3:43

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

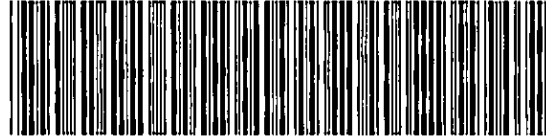
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/08/20--01015--017 \*\*130.00

*I changed the priority to 34 - there is more than one RA listed.*

~~W20000047850~~  
W20000048190



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2020

JOHNNIE JONES  
245 JOHNSON ROAD  
HAVANA, FL 32333

SUBJECT: J & L FARMS AND PROPERTIES, LLC  
Ref. Number: W20000048190

2020 JUN -1 PM 2:17

We have received your document for J & L FARMS AND PROPERTIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be one registered agent for the company. In your filing, you have stated two registered agents.

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.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 720A00010052

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: J & L Farms and Properties, LLC.  
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:

Johnnie + Lyndria Jones  
Name of Person

J + L Farms and Properties, LLC  
Firm/Company

245 Johnson Rd.  
Address

Havana, FL 32333  
City/State and Zip Code

LJONES9767@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnnie Jones at ( 850 ) 443-3376  
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 Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Farms  
J + L Farms and Properties, 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:

245 Johnson Rd.  
Havana, FL 32333

Mailing Address:

245 Johnson Rd.  
Havana, FL 32333

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:

Jones error - LWS  
Johnnie L. & Lyndria N. Jones  
Name

245 Johnson Rd.  
Florida street address (P.O. Box NOT acceptable)  
Havana FL 32333  
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..

Lyndria N. Jones error LWS  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

error-LVS

AMBR AmBR

AMBR

AMBR

**Name and Address:**

Johnnie L. Jones  
245 Johnson Rd.  
Havana, FL 32333

Lyndria N. Jones  
245 Johnson Rd.  
Havana, FL 32333

TRAVIS J. JONES  
245 Johnson Rd.  
Havana, FL 32333

Janea L. Jones  
245 Johnson Rd.  
Havana, FL 32333

(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:**

Lyndria N. Jones

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.

LYNDRIA N. JONES

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)