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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: J2. 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:	
Joseph Houle	
Name of Person	
J2, LLC	
Firm/Company	
US Hwy 41 Address	
Spring Hill, FL 34610 City/State and Zip Code	
i2enterprises 13@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joseph Houle at (608) 566-3985	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabi	lity Company is:			
J2, LLC				
	natin the words "Limited	Liability Comp	oany, "L.L.C" or "LLC.	.")
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Lir	nited Liability Company	/is:
Princi	ipal Office Address:		Mailing	Address:
16654 US Hwy Spring Hill 34610	41 FL		16654 US Hwy 41 Spring Hill 34610	FL
ARTICLE III - Registered A (The Limited Liability Compar another business entity with a	ny cannot serve as its own	n Registered Ag		e an individual or
The name and the Florida stree	et address of the registere	d agent are:		
	Tree Ninja's Inc.			
	v	Name		
	16654 US Hwy 4	11		
	Florida street address (P.O. Box <u>NOT</u> acceptable)			
	Spring Hill	FL	34610	
	City	State	Zip	_
laving been named as registered lace designated in this certifical further agree to comply with the fun familiar with and accept the d	te, I hereby accept the app provisions of all statutes i obligations of my position	pointment as reg relating to the p as registered a	ristered agent and agree roper and complete perfe gent as provided for in C	to act in this capacity. I primance of my duties, and I
	Regis	tered Agent's S	ignature (REQUIRED)	

(CONTINUED)

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ARTICLE IV-

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

	<u>ile:</u>	Name and Address:	
	MBR" = Authorized Men	ber	
	iGR" = Manager		
AMBR		Tree Ninja's Inc.	
-	*****	16654 US Hwy 41, Spring Hill, FL 34610	
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f an effect re date of f <u>Sote:</u> If the	filing.) e date inserted in this bloo	nan the date of filing: $2/01/2022$. (OPTIONAL) unust be specific and cannot be more than five business days prior to or 90 days a close not meet the applicable statutory filing requirements, this date will not be list be partment of State's records.	
RTICLE	VI: Other provisions, if an		
			
RI	This docum I am aware	nre of a member or an authorized representative of a member. In is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State	
		third degree felony as provided for in s.817.155, F.S.	
	<u>Jose</u>	oh Houle 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)

ATTACHMENT TO ARTICLES OF ORGANIZATION:

Purpose:

1. The company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the the Florida Revised Limited Liability Company Act including, but not limited to landscaping services.

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