

L22 000414471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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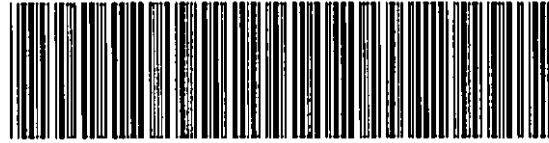
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
FALLAHASSETT, CT



Clayton & McCulloh

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www.clayton-mcculloh.com

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Attorney & Counselor at Law
kclayton@clayton-mcculloh.com

Clayton & McCulloh, P. A.
Servicing 25 Counties
Respond to: Orlando Office

September 6, 2022

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

Re: Application/Articles of Organization and Cover Letter for Jacaranda Manor LLC

To Whom It May Concern:

Enclosed please find the following:

1. Cover Letter;
2. Application/Articles of Organization for Jacaranda Manor LLC;
3. Check # 71241 in the amount of \$160.00 for Filing Fee, Certificate of Status and Certified Copy.

If you have any questions or require additional information, please do not hesitate to contact me or my Assistant, Lydia Gaudreau.

Sincerely,

CLAYTON & McCULLOH, P.A.

Kenneth M. Clayton, Esq.
KMC: lsg
Enclosures as stated

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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jacaranda Manor 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:

James Moss

Name of Person

Firm/Company

13720 Lazy Oak Drive

Address

Tampa, FL 33613

City/State and Zip Code

mingmoss@aol.com

E-mail address* (to be used for future annual report notification)

For further information concerning this matter, please call:

James Moss

at (908)

331-1339

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

SECRETARY OF STATE
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacaranda Manor 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:

Mailing Address:

13720 Lazy Oak Drive

Tampa FL 33613

13720 Lazy Oak Drive

Tampa, FL 33613

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:

James Moss

Name

13720 Lazy Oak Drive

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

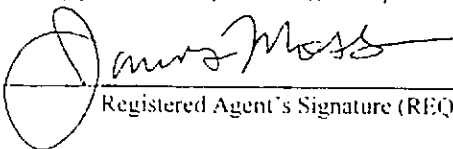
Tampa, FL 33613

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, and 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)

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TALLAHASSEE, FL

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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

Name and Address:

MGR

James Moss

13720 Lazy Oak Drive

Tampa, FL 33613

(Use attachment if necessary)

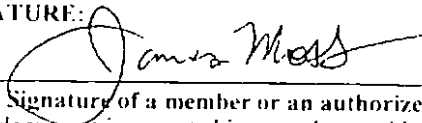
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(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:



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.

James Moss

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)

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TALLAHASSEE
SECRETARY OF STATE

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