

L230000398374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

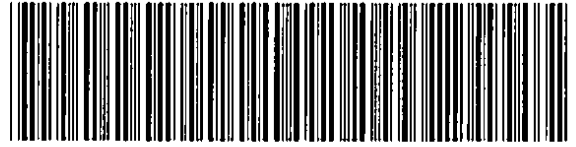
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/30/23--01026--003 **130.00

MAIL

10:00

2023 JUN 30 AM 3:26

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A J + J Development, 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:

Beryl N. Stokes CPA
Name of Person

Sandy Stokes, PLLC, CPA
Firm/Company

1035 W Dixie Ave
Address

Leesburg, FL 34748
City/State and Zip Code

Sweetpot12@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie at (734) 799-7711
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

2023 JUN 30 AM 3:26
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

A J&J Development, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
2604 Carpenter Place
Leesburg, FL 34748

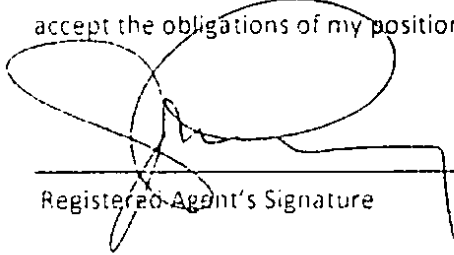
Mailing Address:
2604 Carpenter Place
Leesburg, FL 34748

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:

Jacqueline Pokorney
2604 Carpenter Place
Leesburg, FL 34748

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

(CONTINUED)

2023 JUN 30 AM 3:26
CALLAHAN COUNTY

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

Title, Name and Address: "AMBR" = Authorized Member "MGR" = Manager

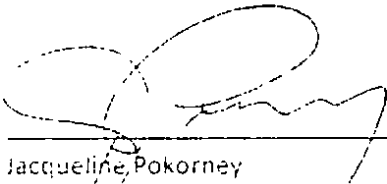
Managing Member

Jacqueline Pokorney
2604 Carpenter Place
Leesburg, FL 34748

ARTICLE V: Effective date, if other than the date of filing: Immediate

ARTICLE VI: Other provisions, if any. None

REQUIRED SIGNATURE:



Jacqueline Pokorney
Name of Signee

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.