18/30/23, 11:33 AM

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600

Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KD@ Cohennorris. Com

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FLORIDA LIMITED LIABILITY CO. WESTWINDS NURSERY BY JJF, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations				
OUDIE	westwinds nurser	Y BY JJF, LLC			
SUBJECT:Name of Limited Liability Company					
The enc	losed Articles of Organization a	and fee(s) are submitte	d for filing.		
Please r	eturn all correspondence conce	rning this matter to the	following:		
	DAVID B. NORRIS, ESQ	UTRE			
		Name o	f Person	- 1411	
	COHEN NORRIS WOLM	ER RAY TELEPMAN	N BERKOWITZ & CO	HEN	
		Firm/C	ompany		
	712 U.S. HIGHWAY ONE	E, SUITE 400			
		Ado	ress		
•	NORTH PALM BEACH,	FLORIDA 33408			
	KD@COHENNORRIS.CO	•	nd Zip Code		
		· · · · · · · · · · · · · · · · · · ·	annual report notificati	ion)	
For furthe	r information concerning this r	natter, please call:			
	KARIN DRAKAS	561 at (844-3600		
	Name of Person		Daytime Telephon	e Number	
Enclose	d is a check for the following a	mount:			
⊜\$ 125	00 Filing Fee	of Status Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporat P.O. Box 6327		Street Address New Filing Section D. The Centre of Tallahi 2415 N. Monroe Stre	assee et, Suite 810	

Tallahassee, FL 32314

Tallahassee, FL 32303

To.

Page: 3 of 4

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

WESTWINDS NURSERY BY JJF, 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:	
1562 PARK LANE SOUTH	1562 PARK LANE SOUTH	
SUITE 700	SUITE 700	
JUPITER, FL 33458	JUPITER, FL 33458	

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:

DAVID B. NORRIS, ESC	UIRE	
Nas	me	
712 U.S. HIGHWAY ON	E, SUITE 400	
Florida street address (P.0	D. Box <u>NOT</u> acce	ptable)
NORTH PALM BEACH	FLORIDA	33408
City	State	Zip

-/ AH 9:. 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. P further agree to comply with the provisions of all statutes relating to the pyper 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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JOSEPH J., JR. FLOYD
	1562 PARK LANE SOUTH, SUITE 700 JUPITER, LFORIDA 33458
	JUPITER, LPORIDA 33438
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	and the second s
	<u> </u>
	. <i>Q</i>
(Use attachment if necessary)	• 9
•	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
	ust 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 di	oes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Dep	
ARTICLE VI: Other provisious, if any.	
REQUIRED SIGNATURE:	()
	\ \ \ \ \ \
Smatur	e of a member or an authorized tepresentative 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 thi	rd degree felony as provided for in 817.155, F.S.
	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)