



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

Registry Number: 191796698  
Date of Organization: 01/20/2022  
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: JUN 25, 2024  
OREGON SECRETARY OF STATE



191796698-26396280

JOSE'S LAWN SERVICES LLC

REIANA

RE: JOSE'S LAWN SERVICES LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$300 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 03/23/2023

The reason(s) for administrative dissolution has been eliminated or did not exist.

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: *Jose Juan F.*  
(Authorized Signature)

Date: 25/6/24

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200



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**REINSTATEMENT ANNUAL REPORT**

Registry Number: 191796698

Date of Organization: 01/20/2022

Type: DOMESTIC LIMITED LIABILITY COMPANY

JOSE'S LAWN SERVICES LLC  
6014 SILVERTON RD NE  
SALEM OR 97305

**Name of Domestic Limited Liability Company**

JOSE'S LAWN SERVICES LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form.

**Registered Agent**

JOSE JUAN FERNANDEZ PEREZ  
~~6014 SILVERTON RD NE~~  
SALEM OR 97305

If the Registered Agent has changed,  
the new agent has consented to the appointment. Oregon  
street address required.

7751 45th PL NE  
Salem OR 97305

**1) Type of Business****2) Principal Place of Business** (Address, city, state, zip)

~~6014 SILVERTON RD NE~~  
SALEM OR 97305

7751 45th PL NE  
Salem OR 97305

**3) Mailing Address** (Address, city, state, zip)

~~6014 SILVERTON RD NE~~  
SALEM OR 97305

7751 45th PL NE  
Salem OR 97305

**4) ☒ Member or ☐ Manager** (Name & Address)

JOSE JUAN FERNANDEZ PEREZ  
~~6014 SILVERTON RD NE~~  
SALEM OR 97305

7751 45th PL NE  
Salem OR 97305

**5) ☐ Member or ☒ Manager** (Name & Address)

Jacqueline Ortega Medina  
~~6014 SILVERTON RD NE~~  
SALEM OR 97305

7751 45th PL NE  
Salem OR 97305

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature**

*Jose Juan Fernandez Perez*

**7) Printed Name****8) Date**

25/6/24

**9) Phone Number**

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-  
06/25/24