

2/17/12

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H12000044027 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: lynn@lynnotax.com

FLORIDA LIMITED LIABILITY CO.  
JAK Industries LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
12 FEB 17 PM 06:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 FEB 17 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

FEB 20 2012

EXAMINER

H12000044027

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **JAK Industries 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:

1078 Sunshine Way SW

1078 Sunshine Way SW

Winter Haven, FL 33880

Winter Haven, FL 33880

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

James E. Bishop

Name

1078 Sunshine Way SW

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Winter Haven, FL 33880

(City / State / Zip)

FILED  
12 FEB 17 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature James E. Bishop

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**ARTICLE IV - Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

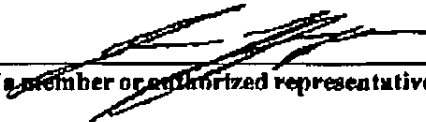
**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

<u>MGRM</u>	<u>James E. Bishop - 1078 Sunshine Way SW, Winter Haven, FL 33880</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
 James E. Bishop  
 Typed or printed name of signee