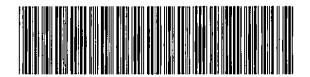
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(Requestor's Name)
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PICK-UP WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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# COVER LETTER

Di	vision of Corporations
SUBJECT:	JBL RESTORATION, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	mall correspondence concerning this matter to the following:
	SABRINA ARIZA
	Name of Person
	MIDDLETON & MIDDLETON, P.A.
	Firm/Company
	1469 MARKET ST
	Address
	TALLAHASSEE FL 32312
(	City/State and Zip Code SABRINA@FIGHTINGFORALL.COM
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	ADRIAN MIDDLETON 850 815 - 0256
-	Name of Person Area Code Daytime Telephone Number
Englosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{ c c c c c c c c c c c c c c c c c c c

# Mailing Address

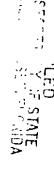
TO:

**New Filing Section** 

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

### **Street Address**

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 17 OCT 18 PH 1:07



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:	4		
JBL RESTORATI				
(Must co	ontain the words "Limited L	iability Compar	y, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limit	ed Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
6901 TPC DR		6	OUTTPC DR	
#200			200	
ORLANDO, FL 3	2822	<u> </u>	RLANDO, FL 32822	
The name and the Florida stre	MIDDLETON & MIL	_	·	
	1469 MARKET ST			
	Florida street address	(P.O. Box <b>NO</b> )	acceptable)	
	TALLAHASSEE	FL	32312	
	City	State	Zip	
lace designated in this certifica arther agree to comply with the	ite, I hereby accept the appo provisions of all statutes rel obligations of my position a	intment as regis ating to the prof s registered age	the above stated limited liability comp wered agent and agree to act in this cap wer and complete performance of my a must as provided for in Chapter 605, F.S mature (REQUIRED)	vacity. I luties, and I

(CONTINUED)

17 001 18 BM 1-05

<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:
"MGR" = Ma	ınager	
MGR	<del></del>	JAY LEFFORGE
		6901 TPC DR #200
		ORLANDO FL 32822
		-
	<del></del>	
		<del></del>
(Use attachm	ent if necessary)	
	•	iline (OPTIONAL)
TICLE V: Effective	e date, if other than the date of f	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days af
TICLE V: Effective an effective date is date of filing.)	e date, if other than the date of f listed, the date must be specifi	ic and cannot be more than five business days prior to or 90 days af
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FICLE V: Effective date is date of filing.) te: If the date inserdocument's effective FICLE VI: Other p	e date, if other than the date of flisted, the date must be specificated in this block does not meet we date on the Department of Strovisions, if any.  SIGNATURE:  Signature of a membor This document is executed if a maware that any false information.	the applicable statutory filing requirements, this date will not be listed state's records.
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The name and address of each person authorized to manage and control the Limited Liability Company:

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)

ARTICLE IV-

1 OCT 18 PH 1:07