

LO2000008944

Johnny Petrand's

Requestor's Name

9105 Old St Augustine Rd

Address

Tallahassee, FL 32311 850-671-3000

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JP & JP2, LLC
(Corporation Name) / (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

Walk in

Pick up time _____

Certified Copy

Mail out

Will wait

Photocopy

Certificate of State

FILED
02 APR 15 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 APR 15 AM 11: 54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
Profit	
NonProfit	
<input checked="" type="checkbox"/> Limited Liability	
Domestication	
Name Availability	Other

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	DCC
Pictitious Name	
Name Reservation	DCC

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

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-04/15/02--01047--019
1045.00 *125.00

LO2000008944

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:
JP & JP2,LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
9105 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311

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

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

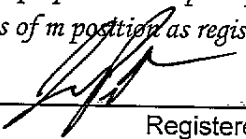
JOHNNY PETRANDIS II
Name
9105 OLD ST AUGUSTINE RD
Florida street address (p.o box **NOT** acceptable)
TALLAHASSEE, FL 32311
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 15 PM 4: 28

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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 statues 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.

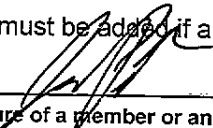


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager- managed company.

(an additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

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

JOHNNY PETRANDIS II
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified copy (Optional)
- \$ 5.00 Certificate of Status (Optional)