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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Ones Industries Moud LLC Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	Scott Jones Name of Person
-	Firm/Company
_	2840 NW 80 Ave
_	Suncise, 7\ 33322
	Swott Jones 576 YON00.COM
For furti	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:
Tra	Name of Person at OSH OSO-1970 Area Code & Daytime Telephone Number
	ed is a check for the following amount: 00 Filing Fee \$\bigsup \\$130.00 Filing Fee & Certificate of Status \$\bigsup \\$Certificate of Status & Certified Copy (additional copy is enclosed) \$\bigsup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Conrier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Jones Industries Mayo, LLC	
(Must end with 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 Limit	ed Liability Company is:
Principal Office Address: Mailing Address:	
2840 NW 80 Ave 2840 NW 80 Ax	ಲ
Sanne, 71 33822 Sanne, 71	33322
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate as business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	AND OF S
Name Name Name Name No.	STATE STATE
OUNCISE FL JIJJAJ	

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 (REOUIRED)

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:
wern		Scott Jones 28-10 NW 80 Ave Sun(15e, 71 383),2
		
		
(Use attachment LE V: Effective	• /	date of filing: 21/3/2010 . (OPTION
LE V: Effective	date, if other than the ted, the date must be ate of filing.)	date of filing: <u>2113/2010</u> . (OPTION e specific and cannot be more than five business d
LE V: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE:	· ·
LE V: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with secondary)	er or an authorized representative of a member.
LE V: Effective of fective date is list days after the date	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec of this document const that the facts stated her	er or an authorized representative of a member.

\$ 5.00 Certificate of Status (Optional)