

L10000040520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

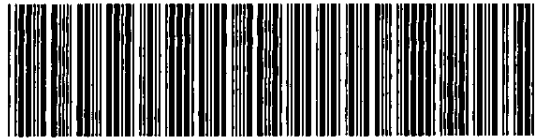
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/14/10--01025--012 **125.00

FILED
2010 APR 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
APR 15 2010
EXAMINER

JCL CONCEPTS, L.L.C.

April 09, 2010

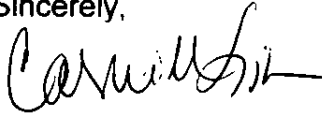
To whom this may concern,

Enclosed please find check in the amount of \$125.00 for my filing fee. Should you need anything further I may be reached at 407/361-2056. My name and mailing address:

Carrie Liu
3518 Potanow Court
Orlando, FL 32837

Thank you for your assistance in this matter.

Sincerely,



Carrie M. Liu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JCL Concepts, 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 Limited Liability Company is:

Principal Office Address:

3518 Potanow Ct

Orlando FL 32837

Mailing Address:

3518 Potanow Ct

Orlando FL 32837

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carrie Liu

Name

3518 Potanow Ct

Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32837

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

MGRM

Carrie Liu

3518 Potanow Ct

Orlando, FL 32837

MGRM

Jimmy Liu

3518 Potanow Ct

Orlando, FL 32837

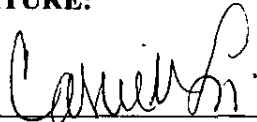
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Carrie Liu

Typed or printed name of signee

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)