LO2000015433

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300005666313--5 -06/03/02--01095--014 ****346.25 *****346.25

SUBJECT: JON'RI	IC INTERNATIONAL, LLC (Proposed limited liability comp	pany name - must include suff		
			ws2-1	6618
Enclosed is an original \$285.00 Filing Fee & Registered Agent designation	and one (1) copy of the and \$293.75 Filing Fee, Registered Agent Designation & Certificate	\$337.50 Filing Fee, Registered Agent Designation & Certified Copy	nd a check for:	AL FILED ATTI: 18
FROM: RICHAL	RD J. HAYS, ATTORNEY Name (Prin	ated or typed)	·	
4273	NORTH PINE ISLAND ROA	D dress		
S <u>UNRI</u>	SE, FLORIDA 33351 City, St	ate & Zip	vine nus 102 102 , -	e la propiet
(954)) 748-7902 Daytime Tele	ephone number	and the state of 	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 7, 2002

SPENCER OLSEN 5272 NW 89TH DRIVE CORAL SPRINGS, FL 33067

SUBJECT: JON'RIC INTERNATIONAL LLC

Ref. Number: W02000016618



We have received your document for JON'RIC INTERNATIONAL LLC and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 602A00037784

6/14/02 OR JUN 20 MILLS INTE

Agnes Lunt, State of Floringa

With reference to the Enclosed filing and the Check for #346.25 which was enclosed with the initial filing request, I wish to USE:

- * 100 Filing FEE

 * 25 Registered Agent Designation FEE

 * 60 Two Copies "Certified"

 * 10 Two Copies Certificate of Status

 * 195
 - # 346.25 My Check which You Deposited
 # 195.00 Funds NEEded for filing
 # 151.25 Amount to be refunded to ME
 Thank You,

SPENCER OLSEN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JON'RIC INTERNATIONAL LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5272 N.W. 89TH DRIVE, CORAL SPRINGS, FLORIDA 33067

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management: (check and complete the appropriate statement)

X	The Limited Liability Company is to be managed by a manager or managers and the	he name(s)
	and address(es) of such manager(s) who is/are to serve as manager(s) is/are:	

1. SPENCER OLSEN: 5272 NW.89TH DRIVE, CORAL SPRINGS, FLORIDA 33067

The Limited Liability Company is to be managed	by the men	nbers a	nd the	name(s)	and
address(es) of the managing member(s) is/ are:				<u>. </u>	

SPENCER OLSEN

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

STATUTES, T	O THE PROVISIONS OF S THE UNDERSIGNED LL STATE OF FLORIDA, SI G THE REGISTERED OF	C ORG JBMITS THE FOL		TEMENT IN
OF FLORIDA.			!	FILED MY 20 MY ANIASSEE, F
1. The name	is: JC	ON'RIC INTERNATIO	NAL LLC	LORDA 6
) >;	By	authorized	member	
2. The name	and address of the regist	ered agent and	office is:	
13	RICHARD J. HAYS, ATTOR	NEY		
,		(Name)		
,; •.	(Street address -	P. O. Box not accept	able)	
•	SUNRISE, FLORIDA 3335	ty/State/Zipl		
Having been i	named as registered agent	and to accent sen	vice of process	ofor the above
stated corpo appointment comply with performance	ration at the place design as registered agent and a street agent and a the provisions of all street agent. The provisions of all street agent.	nated in this cer agree to act in thi atutes relating t	tificate, I here s capacity. I fi to the proper	by accept the uriher agree to and complete

(Date)