Coure Le Hor. Florida Department of State. W02-24189 Division OF Coposations. Post office Box 6327 9/17 TAPPARASSEE, TI. 32314 9/17 \*\*\*\*160.00 \*\*\*\*160.00 The following information is required to Submit the following Applications: NAME OF BUSINESS JANCOLE MANOR LLC. Name of Address & 9222 E Highland Power Dr. PAIN BOACH GARders Florida, 33418. Telephonis Number: (561) 799-9885. Contact PErson: price Morribon



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 20, 2002

JANICE MORRISON 9222 E HIGHLAND PINES DR. PALM BEACH GARDENS, FL 33418

SUBJECT: JANCORE MANOR LLC Ref. Number: W02000024189

We have received your document for JANCORE MANOR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name of the LLC in Article I - Name.,

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 102A00049003

Division of Company



## FLORIDA DEPARTMENT OF STATE Jim Smith

Jim Smith Secretary of State

September 10, 2002

JANICE MORRISON 9222 E HIGHLAND PINES DR. PALM BEACH GARDENS, FL 33418

SUBJECT: JANCORE MANOR LLC Ref. Number: W02000024189

We have received your document for JANCORE MANOR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 502A00051975

Division of C

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Highland Kines D ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are Florida street address (P.O. Box NOT acceptable) 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. 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 this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

Typed or printed name of signee

\$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)