

LO3 600027459

(Requestor's Name)

P.O. Box 495

(Address)

Monticello, Fl. 32345

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

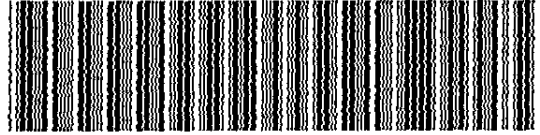
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600021831706

09/01/03--01040--010 \*\*25.00

RECEIVED  
TALAMONEE FLORIDA

03 AUG -1 AM 8:57

FILED

LO3-27459

al

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Jimmy John Distributing, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name is in correct. Jimmyjohn  
is one word.

"Jimmyjohn Distributing, LLC"

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: July 31, 2003

John Morris  
Signature of a member or authorized representative of a member

John Morris

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L03000027459  
FILED 8:00 AM  
July 25, 2003  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:  
JIMMY JOHN DISTRIBUTING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
735 EAST WASHINGTON STREET  
MONTICELLO, FL. 32344

The mailing address of the Limited Liability Company is:  
POST OFFICE BOX 495  
MONTICELLO, FL. 32345

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JOHN M MORRIS III  
735 EAST WASHINGTON STREET  
MONTICELLO, FL. 32344

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.

Registered Agent Signature: JOHN M. MORRIS, III

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL - 2003 8:57

FILED

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JOHN M MORRIS III  
553 BROCK ROAD  
MONTICELLO, FL. 32344

Title: MGRM  
JAMES V GANDER JR.  
1493 BLUFF RD  
APALACHICOLA, FL. 32329

L03000027459  
FILED 8:00 AM  
July 25, 2003  
Sec. Of State

### **Article VI**

The effective date for this Limited Liability Company shall be:

08/01/2003

Signature of member or an authorized representative of a member

Signature: JOHN M. MORRIS III

03 AUG - 1 PM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED