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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|---|----------|--|---|
| SUBJECT: A & J Johnson LLC (Name of Limited Li | iability Company) | <u> </u> | | |
| The enclosed Articles of Organization and fee(s) a | are submitted for filing. | | | • |
| Please return all correspondence concerning this n | natter to the following: | | | |
| Anna Johnson | | | | |
| (Name of Person) | | | | |
| A & J Johnson LLC | | | | |
| (Firm/Company) | | | | |
| 774 Heathrow Lane | | | | |
| (Address) | | | | |
| Palm Harbor, FL 34683 | | E (54 | برون د د | |
| (City/State and Zip Code) | | | * *; | |
| For further information concerning this matter, ple | ease call: | | e para de la composition della | J |
| Anna Johnson at(| 727 , 789-2022 | ., | 4 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| STREET ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | | |
| Division of Corporations 409 E. Gaines Street | Division of Corporations P.O. Box 6327 | | | |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: A & | J Johnson LLC | | | |
|--|--|--|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | |
| 774 Heathrow Lane | 774 Heathrow Lane | | | |
| Palm Harbor, FL 34683 | Palm Harbor, FL 34683 | | | |
| The name and the Florida street address of the registered Anna Johnson Name | agent are: | | | |
| 774 Heathrow Lane, Palm Harbor, FL 34683 Florida street address (P.O. Box NOT acceptable) | | | | |
| Palm Harbor FL City, State, and Zip | 34683 = = = = = = = = = = = = = = = = = = = | | | |
| Having been named as registered agent and to accept serve liability company at the place designated in this certificate registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance of the children of the proper and complete performance of the children of the c | e, I hereby accept the appointment as er agree to comply with the provisions of all of my duties, and I am familiar with and | | | |

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Membe | nt. |
| 3 3 | |
| "MGR" | Anna Johnson |
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| | |
| (Use attachment if necessary) NOTE: An additional article | e must be added if an effective date is requested. |
| 110 1 ms 12th monthly mail mi state | made be added if all cliented date is requested. |
| REQUIRED SIGNATURE: | Cinna Johnson |
| Signature of | a member or an authorized representative of a member. |
| of this docum | re with section 608.408(3), Florida Statutes, the execution arent constitutes an affirmation under the penalties of perjury stated herein are true.) |
| Ar | nna Johnson Typed or printed name of signee |
| | <u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent |

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)