

L03000045267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

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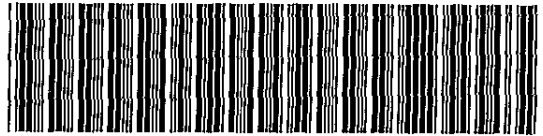
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 12 PM 5:36

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELEASE L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL KOVACS
(Name of Person)

RELEASE L.L.C.
(Firm/Company)

12435 APPLELEAF DR.
(Address)

JACKSONVILLE, FL. 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL KOVACS at (904) 294-7234
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: RELEASE L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

12435 APPLELEAF DR.
JACKSONVILLE, FL, 32224

Mailing Address:

12435 APPLELEAF DR.
JACKSONVILLE, FL, 32224

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

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

JOEL KOVACS

Name

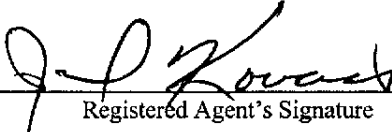
12435 APPLELEAF DR.

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

JACKSONVILLE, FL, 32224

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 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

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03 NOV 12 PM 5:26
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TALLAHASSEE, FLORIDA

(CONTINUED)

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

MICHAEL CHRISTOPHER HODGES
1604 4TH AVE. NORTH
JACKSONVILLE BEACH, FL. 32250

MGRM

GARY ALAN DAVIS
3392 INTERNATIONAL VILLAGE DR. WEST
JACKSONVILLE, FL. 32277

MGRM

JONATHAN WILLIAM TAUNTON
7081 PARKE DR.
JACKSONVILLE, FL. 32210

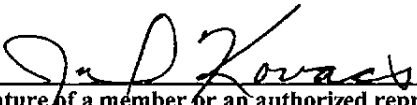
MGRM

KEVIN DALE ROSSMAN
7925 MERRILL RD. APT. 1602
JACKSONVILLE, FL. 32277

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JOEL KOVACS

Typed or printed name of signee

Filing Fees:

\$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)