

L03000045267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

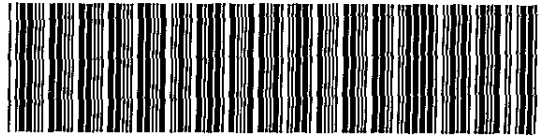
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

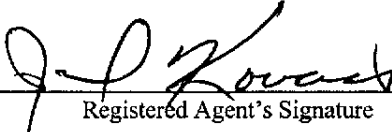
12435 APPLELEAF DR.

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  
TALLAHASSEE COUNTY  
SECRETARY OF STATE

(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

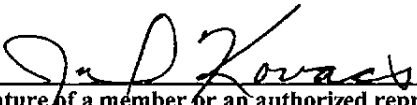
MGRM

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)