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SECRETARY OF STAIL

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jerome Mi Tchell Froming - Compen T (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:
Jerone Mitchell (Name of Person)
Jenome Attchell  (Firm/Company)
(Firm/Company)  For Signal  (Address)  (Firm/Company)  For Signal  (Address)
Quincy Fla 3335/ (City/State and Zip Code)
For further information concerning this matter, please call:
Jerome Mitchell at (850) 933-9499  (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 1 - Name:** 

ARTICLE 1 - Name: The name of the Limited Liability Company is:	Jerone	MiTchell	Francing-Con
ARTICLE II - Address:		,	lic'
The mailing address and street address of the princ	cipal office of the	e Limited Liability	Company is:
Principal Office Address:  480 Edward Road Quincy Fla \$2351	480	Address: DEalword Indy Fla	Road -
ARTICLE III - Registered Agent, Registered O  The name and the Florida street address of the regi			ature: 03 NOV
Terome Mi Te Name	ic//	•	OV 19 AM RETARY OF AHASSEE
480 Edwards Florida street address (P.O. B	Road lox NOT acceptable	<del>2</del>	MII: 53 IF STATE FLORIDA
City, State, and	<u>IL 3235</u> Zip	<u></u>	

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.

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MARM	Jerone Mitchell
	480 Edward Road
	Quincif Fla 5235/ 5-3-N 261-61-1821
(MGRM)	Fronk James
MONNE CONTRACTOR	-134 Penn Rd
	1 June 16 22351
	5-5-N 26G-89-3824
MORM	Joseph Nathan Grady
	DO, Box, 982 Gretno Fla
	SSN 590 - 03 - 2847
	<del></del>
en e	

(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.)

MAR

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)