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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JoaCle, 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:

Tim Petters
(Name of Person)

JoaCle, LLC
(Firm/Company)

P.O. Box 994
(Address)

San Antonio, FL 33576-0994
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Petters at (352) 588-0667
(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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JoaCle LLC

ARTICLE II - Address:

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

Principal Office Address:

31333 St. Joe Road

Dade City, FL 33525

Mailing Address:

P.O. Box 994

San Antonio, FL 33576-0094

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

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

Jan B. Dillard

Name

14144 6th St.

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

Dade City, FL 33525

FLORIDA

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 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, Florida Statutes..

Jan B. Dillard
Registered Agent's Signature

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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

Bernard C. Petters

2290 Chimney Walk Dr.

Suwanee, GA 30024

MGRM

Timothy J. Petters

P.O. Box 122

San Antonio, FL 33576-0122

MGRM

Susan A. Davidson

P.O. Box 994

San Antonio, FL 33576-0994

MGRM

Dean P. Petters

161 East 199th St.

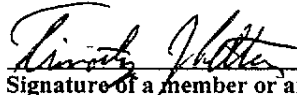
Euclid, OH 44119

(Use attachment if necessary)

See Attachment

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.)

Timothy J. Petters

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)

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Attachment to Articles of Organization for Florida Limited Liability Company page 2, Article 4.

Title

Name and Address:

MGRM

Samual B. Petters

P.O. 994

San Antonio, FL 33576-0994

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