

LA3000057430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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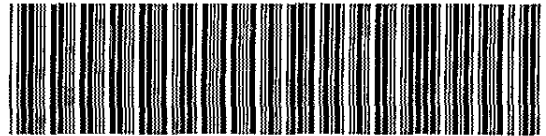
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/31/03
[Signature]

S. L. Stafford
15951 N. Florida Avenue
Lutz, FL 33549
(813) 968-9206

December 19, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed are the Articles of Organization for

JOKAR 2604 LLC

and our check in the amount of \$125.00 to cover the Filing Fee (\$100.00) and
Designation of Registered Agent (\$25.00).

Sincerely,



Organizer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
for
JOKAR 2604 LLC
(A Florida Limited Liability Company)

ARTICLE 1 - Name

The name of this Limited Liability Company is JOKAR 2604 LLC

ARTICLE 2 - Address

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

12455 102nd Avenue
Seminole, Florida 33778

ARTICLE 3 - Registered Agent

The name and street address of the registered agent is

S. L. Stafford
15951 North Florida Avenue
Lutz, Florida 33549

ARTICLE 4 - Management

This Limited Liability Company is to be managed by one manager, and therefore a manager-managed company.

ARTICLE 5 - Effective Date

The effective date for beginning of business for this Limited Liability Company is to be January 1, 2004.


Signature

12-19-03
Date

(I understand that in accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

S. L. Stafford, signer

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF SERVICE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for

JOKAR 2604 LLC

at the place designated in the attached Articles of Organization, 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 complete and proper 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.



S. L. Stafford
15951 N. Florida Ave.
Lutz, FL 33549

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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19 Dec 03

Date