# W3000057452

(Re	equestor's Name)	
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, PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		17/2/1
	Office Use Only	



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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 603 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

SEUGEBARY D. SANITALLAHASSEE, FLORID.

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# ARTICLES OF ORGANIZATION for JOKAR 603 LLC (A Florida Limited Liability Company)

#### ARTICLE 1 - Name

The name of this Limited Liability Company is JOKAR 603 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 is 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

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

### ACCEPTANCE OF SERVICE BY REGISTERED AGENT

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

# JOKAR **≤**03 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

11 Dec 03

Date