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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(23		· ,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

FILED

TO: Registration Section Division of Corporations	04 JAN 14 PM 3: 4
SUBJECT: Jack Edmondso	n, LLC SECRETARY UT STAT
(Name of Limited Liability C	ompany)
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concernir	ng this matter to the following:
Jack Edmond	son
(Name of Perso	<u>a)</u>
Jack Edmonds	ion, LLC
(Firm/Compan	
2118 Rio Vis	sta Avenue
(Address)	
Tampa, FL	33603
(City/State and Zip	Code)
For further information concerning this matter, please call:	
Jack Edmondson at 813	3 , 927-3378
(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

FILED

ARTICLES OF ORGANIZATION **FOR**

04 JAN 14 PM 3: 40

FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - A		incipal office of the Limited Liability Comp
Principal Office	-	Mailing Address:
JackEdma	ondson, LLC	
2118 Rio V Tampa, F	lista Ave.	Same
	1 221.02	
ARTICLE III - F	Registered Agent, Registered Florida street address of the	<u> </u>
ARTICLE III - F	Registered Agent, Registered Florida street address of the	registered agent are:
ARTICLE III - F	Registered Agent, Registered Florida street address of the	registered agent are:
ARTICLE III - F	Registered Agent, Registered	ndson ista Ave.
ARTICLE III - F	Registered Agent, Registered Florida street address of the Dack Edmo. Name 2118 Rio V Florida street address (P. 6)	ista Ave. D. Box NOT acceptable)
ARTICLE III - F	Registered Agent, Registered Florida street address of the Dack Edmo. Name 2118 Rio V Florida street address (P. 6)	ista Ave. D. Box NOT acceptable) FLORIDA 33603

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managin The name and address of each Manager of		O4 JAN 14 ws:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY TALLAHASSE	E.FLORIDA
MGR	Jack Edmondso 2118 Rio Vista A Tampa, Fr. 33100	on venue 03	-
(Use attachment if necessary)			-
NOTE: An additional article must be	added if an effective date is re-	quested.	
3 0	uthorized representative of a member 408(3), Florida Statutes, the execution	. r.	
of this document constitutes an a that the facts stated herein are to Jack Edmo	iffirmation under the penalties of perjurue.)	- -	

<u>Filing Fees:</u> \$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)