104000011983

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified CopiesCertificates of Status |
| Special Instructions to Filing Officer: |
| cotWS |
| Office Use Only |

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TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: JBC ENTERTAINMENT UC |
| (Name of Entitled Elability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| Jill C. Sturdwart-Thacker (Name of Person) |
| (Name of Person) |
| JBC Entertainment, LC |
| (Firm/Company) |
| #GH |
| 2250 E. Lake Mary Blud |
| (Address) |
| Sanford, Horida 32773 |
| (City/State and Zip Code) |
| |
| For further information concerning this matter, please call: |
| Jill Stundivent-Thacker 407 323 6511 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section

TO:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: JBC Enturbacing L. ARTICLE II - Address: The mailing address and street address of the principal of the princi | | Company is: | |
|--|---|--------------------------------------|-------------|
| Principal Office Address: | Mailing Address: | | |
| 2250 E Lake Mary B. Sanford, Horida 32773 | Same | | |
| ARTICLE III - Registered Agent, Registered Office, | & Registered Agent's Signat | ure: | |
| Florida street address (P.O. Box NC | f - Hacker Hacker Hacker Hacker Bud Tacceptable) 32773 Twice of process for the above state, I hereby accept the appointment of my duties, and I am familiar | ent as visions of all with and | |
| Registered Agent's Signature | Macher) | | |
| (CONTINUED) | | 04 JAN 30 PH 3: N | |
| Page 1 of 2 | | <u>.</u> | - |

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|-------|
| negr. | Byron A Hood AR. DEODE Dale GRANGE B. Saryond, 410 32723 | |
| | | |
| | | |
| | | |
| | | • • • |
| - " | | - |
| | | |
| (Use attachment if necessary) | | |
| NOTE: An additional article must | be added if an effective date is requested. | |
| REQUIRED SIGNATURE: | - | |
| agri C | 2. B. Macher | 25 |

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.)

JILL C.S. THACKER
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)