

L04/0000 12248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

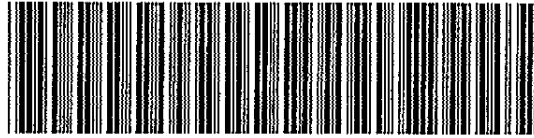
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789, 706 2848 671
W03-4230

Office Use Only



500027400125

01/23/04--01063--009 **125.00

FILED
04 FEB 16 AM 8:53
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James T. Jones
(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:

James T. Jones
(Name of Person)

James T. Jones
(Firm/Company)

1826 Sandestin Rd.
(Address)

Grandridge

ORLANDO, FL.

32442

(City, State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

04 FEB 16 AM 8:53

FILED

For further information concerning this matter, please call:

James T. Jones at (850) 593-5195 850-209-5221
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 30, 2004

JAMES T. JONES
1826 SAND BASIN RD
GRANDRIDGE, FL 32442

SUBJECT: JAMES T. JONES
Ref. Number: W04000004230

FILED
04 FEB 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JAMES T. JONES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 204A00006649

This is phone #^s where I can be reached

James T. Jones LLC

850-209-5221

850-663-3366

wife
work
(Bonnie)

House # 850-593-5195 (Leave message)

FILED

04 FEB 16 AM 8:53

SECURITY DIVISION
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

James T. Jones L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Same

Mailing Address:

1826 Sandbasin Rd
Grandridge, FL 32442

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

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

James T. Jones
Name

1826 Sandbasin Rd
Florida street address (P.O. Box **NOT** acceptable)

Grandridge FLORIDA 32442
City, State, and Zip

FILED
04 FEB 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

James T. Jones
Registered Agent's Signature

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

James T. Jones
1826 Sand basin Rd
Grandridge, FL 32442

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

James T. Jones
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.)

James T. Jones
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)

FILED
04 FEB 16 AM 8:53
TALLAHASSEE, FLORIDA