

L040000032676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

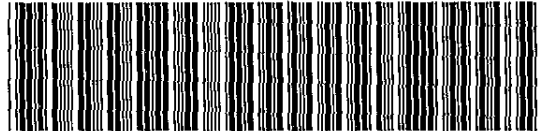
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500033729225

04/30/04--01003--002 \*\*160.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 29 PM 3:31

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
04 APR 29 PM 3:34

4-29-04

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jenolado, L.L.C.  
(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:

Don Nicholson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

459 Solomon Dairy Rd  
(Address)

Quincy, Florida 32351  
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Nicholson at ( 229 ) 227-1451  
(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

04 APR 29 PM 3:31

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jenolodo, 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:**

**Mailing Address:**

459 Solomon Dairy Rd

SAME

Quincy, FL 32351

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

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

Don Nicholson

Name

459 Solomon Dairy Rd

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

Quincy, FL 32351 FLORIDA

City, State, and Zip

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 APR 29 PM 3:31

*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..*

Don Nicholson

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:**

General "MGR"

Don Nicholson  
459 Solomon Dairy Rd.  
Quincy, FL 32351

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Don Nicholson  
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.)

Don Nicholson  
Typed or printed name of signer

**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)

\$155.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 APR 29 PM 3:31