

L040000 36811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

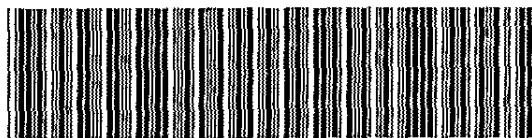
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/04--01015--003 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -3 PM 11:28

RuJo Properties II, LLC

**11167 Tung Grove Road
Tallahassee, Florida 32317
(850) 656-3042**

**Registration Section
Division of Corporations
PO Box 6327**

Tallahassee, Florida 32314

April 28, 2004

Re: Articles of Incorporation

To Whom It May Concern:

Enclosed you will find a copy of my articles of incorporation and a check for \$155.00 to pay for:

1. Filing Fee for Articles	\$100.00
2. Designation of Registered Agent	\$ 25.00
3. Certified Copy of certificate of Status	\$30.00
	\$155.00

Thank you for your assistance.

Sincerely,


Bill Bowling

850-431-7815 (daytime phone)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ru Jo Properties II, LLC
(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:

John William Bowly Jr.
(Name of Person)

RuJo Properties II, LLC
(Firm/Company)

11167 Tung Grove Road
(Address)

Tallahassee, Florida 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Bowling at 850, 431-7815
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rv To Properties II, LLC

ARTICLE II - Address:

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

Principal Office Address:

11167 Tung Grove Rd.
Tallahassee, Florida 32317

Mailing Address:

11167 Tung Grove Rd.
Tallahassee, Florida 32317

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

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

John William Barkley Jr.
Name
11167 Tung Grove Rd.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, Florida 32317
City, State, and Zip

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..

John William Barkley Jr.
Registered Agent's Signature

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DIVISION OF CORPORATIONS
04 MAY -3

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

John William Bowly Jr.
1167 Tug Cove Road
Tallahassee, Florida 32317

MGRM

Suzanne M. Bowly
1167 Tug Cove Rd
Tallahassee, Florida 32317

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

John William Bowly Jr.
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.)

John William Bowly Jr.
Typed or printed name of signee

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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)