

Division of Corporations

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Division of Corporations
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Kolasa Joyner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

Electronic Filing Menu

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Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

Kolasa Joyner, LLC

ARTICLE II-Address:

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

Principal Office Address:2245 Plantation Center DriveFleming Island, Florida 32073Mailing Address:2245 Plantation Center DriveFleming Island, Florida 32073

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

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

Adrienne Joyner

Name

2245 Plantation Center DriveFlorida street address (P.O. Box NOT acceptable)Fleming Island,FLORIDA 32073

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.

Adrienne Joyner 6/23/04
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:

Name and Address:

"MGR" - Manager

"MGRM" - Managing Member

MGRM

William Joyner

2245 Plantation Center Drive

Fleming Island, Florida 32073

MGRM

Adrienne Joyner

2245 Plantation Center Drive

Fleming Island, Florida 32073

(See attachment if necessary)

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

REQUIRED SIGNATURE:

Adrienne Joyner 6/23/04
Signature of a member of an authorized representative of a member.

(In accordance with section 608.406 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Adrienne Joyner
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)

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