204000051749

(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



200038340152

07/09/04--01041--015 **125.08

FILE U
2004 JUL -9 PM 4: 19

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
The second se		
SUBJECT: TIC SERVICES, LLC		
(Name of Limited Liability Company)		
in the second		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JEFFREY L. CHEVALIER		
(Name of Person)		
(Firm/Company)		
• • •		
503 1ST ANGRUE NW		
(Address)		
ROSKIN FL 33570 (City/State and Zip Code)		
(Chyrotale and Zip code)		
For further information concerning this matter, please call:		
TEFFREY L. CHEURLIER == (813) 453- 9245		
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name: The name of the Limited Liability Company is	
JLC SERVICES, LLC	
ARTICLE II - Address: The mailing address and street address of the p	nincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
503 157 AVENUE NW	SAME
Ruskin, FL , 33570	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the registered address of the regist	registered agent are: I E O D LIER D LIE D LIER D Box NOT acceptable) FLORIDA 33570
•	vice 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..

Registered Agend's Signature

Page 1 of 2 (CONTINUED)

MIN JIL S ON W. 19 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 JEFFREY L. CHEVALIGR MGR. 503 IST AVENUE NW Ruskia FL 33570 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIG 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.) TEFFREY L. CHEVALIER
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)