L0400062158

	SEC TALL	RETARY OF STATE AHASSEE, FLORID	
(Re	questor's Name)	,	
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	#)	
_	_		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
	, ,,,,,		
		AL.	
		#\$\$± '	

Office Use Only



300040256873

08/19/04--01024--009 **130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

(727-894-3877)

33759

ARTICLE I - Name:	SECRETARY OF 3: 49
The name of the Limited Liability Company is:	SECRETARY 3: 49
JAG Investigation, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1700 Owen Dr.	P.O. BOX 4632
1700 Owen Dr. Clearwater, FL 33759	Clearurater FL 33758
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere	
Jerry E. Gaston Name	

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..

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

City, State, and Zip

FLORIDA

1700 Owen

Clearunter

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: FILED Title: Name and Address: "MGR" = Manager 2004 AUG 19 P 3: 49 "MGRM" = Managing Member SECRETARY OF STATE JALLAHASSEE. FLORIDA MGR (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.) T. Barkas Tr.
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)