L04000064660

(Requestor's Name)		
(Address)		
·		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Desirous Ericly Heline)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
,		

Office Use Only



300040349783

08/31/04--01007--001 **21500.00

NECEIVED

O4 AUG 30 PM 4 51

J. BRYAN AUG 3 1 2004

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 TOWN THE SO BY S. OS OS 222-1173 FILING COVER SHEET ACCT. #FCA-14 CONTACT: CINDY DATE: 8-30-04 **REF. #:** 001260.29554 CORP. NAME: Jesse T Cosme, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY () MERGER ()WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 43429 FOR \$ 21,500.00. TO BE APPLIED TO 164 FILINGS. AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$___ PLEASE RETURN: (XX) PLAIN STAMPED COPY () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGA		
FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name:	Con Con Con	
The name of the Limited Liability Company is:	ALL COLORS	
JESSE T COSME, LLC	1/45 CO 1/4	
ARTICLE II - Address:	Tice of the Limited Liability Company is:	
The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8142 TURKEY DRIVE	8142 TURKEY DRIVE	
ORLANDO, FL 32825	ORLANDO, FL 32825	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	• • •	
JESSE T COSME		
Name		
8142 TURKEY DRIVE		
Florida street address (P.O. Box N	OT acceptable)	
ORLANDO, FL 32825		
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..

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:

ARTICLE IV - Manager(s) or Managing Member(s The name and address of each Manager or Managing Me	mber is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Mame and Address: JESSE T COSME 8142 TURKEY DRIVE	
	ORLANDO, FL 32825	
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		
Signature of a member or an authorized represe (In accordance with section 608.408(3), Floof this document constitutes an affirmation that the facts stated herein are true.)	orida Statutes, the execution	

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)

JESSE T COSME

Typed or printed name of signee