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2004 AUG 30 P 3: 25

(Requestor's Name)	CRETARY AHASSE	OF STATE		
(Address)	-	4(
(Address) (City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL		i.	08/30/0401037021	**125.00
(Business Entity Name)	-			
(Document Number)	-			
Certified Copies Certificates of Status	-			
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED			
SUBJECT: Joe Lewis 5, LLC (Name of Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joel Lewis 50 (Name of Person)	<u> </u>			
Joel Lewis Je LLC (Firm/Company)				
6544 Robie Rd (Address)				
M; Hon F 3 50 0 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Tout Levy J at (250) 983-9577 (Name of Person) (Area Code & Daytime Telephone Number	<u> </u>			

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

FILED

P 3: 25 :

ARTICLE I - Name:	2004 AUG 30 ₱ 3: 2				
The name of the Limited Liability Company is:	SECRETARY OF STITE				
Joal Lewis Ja	LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ARTICLE II - Address: The mailing address and street address of the principal	, ,				
Principal Office Address:	Mailing Address:				
6544 Robie Rd	6544 Rob; e Rd				
M. Hog F1 3250	Milton Fr 32570				
<u> </u>	·				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:					
Joel Lewis					
6544 Robie Florida street address (P.O. Box N	OT acceptable)				
Milton F	ORIDA 325)0				

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..

City, State, and Zip

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows: Title: Name and Address: 2004 AUG 30 P 3: 25 "MGR" = Manager "MGRM" = Managing Member SECRETARY OF STATE ALTAHASSEE, FLORIDA (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Agnature of a member of 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.)

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)