

W4000065736

(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



900040364159

09/01/04--01026--010 **150.00

SEP 1 11 2:03
TALLAHASSEE, FLORIDA

FILED

W4-65736
gl

9-1-04

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMC ACQUEST TWO, LLC

ARTICLE II - Address:

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

Principal Office Address:

811-15th AVE. W

PALMETTO, FL 34221

Mailing Address:

P.O. BOX 301

PALMETTO, FL 34220

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

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

JEANETTE M. CREE
Name

811-15th AVE. W.
Florida street address (P.O. Box NOT acceptable)

PALMETTO, FLORIDA 34221
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

9-1-04

FILED
04 SEP - 1 2004
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR.

JACRE MANAGEMENT COMPANY, INC.
811-15TH AVE. W.
PALMETTO, FL 34221

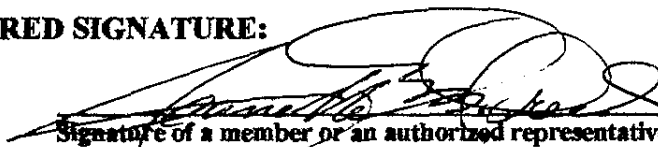
MGRM

JEANETTE M. CREELE
P.O. BOX 301
PALMETTO, FL 34220

ARTICLE V - Effective Date

The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

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.)

JEANETTE M. CREELE
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -1 PM 2:03

FILED

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)