

W4 000072050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

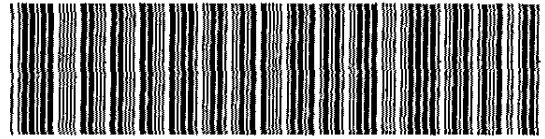
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300041167913

09/30/04--01018--013 **155.00

04 SEP 30 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W4-72050
AR

J W EQUITY INVESTMENTS, LLC
4495-304 Roosevelt Boulevard
Jacksonville, Florida 32210-3381

September 29, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: J W Equity Investments, LLC

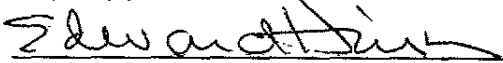
With respect to the subject limited liability company, the enclosed Articles of Organization and fees in the amount of \$155.00 are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Hines
J W Equity Investments, LLC
4495-304 Roosevelt Boulevard
Jacksonville, Florida 32210-2893

For further information concerning this matter, please call John J. Hines at 904 241 2893..

Very truly yours,


Edward Hines

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 30 PM 12:46

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the limited liability company is:

J W EQUITY INVESTMENTS, LLC

ARTICLE II - ADDRESS

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

Principal office address:
is:

4495-304
Roosevelt Boulevard
Jacksonville, Florida 32210-3381

Mailing address:

4494-304
Roosevelt Boulevard
Jacksonville, Florida 32210-3381

ARTICLE III – Registered Agent, Registered Office & Registered agents Signature

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

Edward Hines
4495 – 304 Roosevelt Boulevard
Jacksonville, Florida 32210

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 s provided for in Chapter 608, Florida Statutes.


Registered Agents Signature

SECRETARY OF STATE
TALAHASSEE, FLORIDA

04 SEP 30 PM 12:46

FILED

ARTICLE IV – Managing Member

TITLE

NAME and ADDRESS

MGRM

Edward Hines
4495-304 Roosevelt Boulevard
Jacksonville, Florida 32210

REQUIRED SIGNATURE



Signature of Member

Edward Hines
(Typed name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 30 PM 12:46

FILED