

L040000 72808

Walter E. Holt

(Requestor's Name)

5391 SE Maricamp Rd

(Address)

Ocala, FL 34480

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 1, 2004

WALTER E. HOLT  
5391 SE MARICAMP RD  
OCALA, FL 34480

SUBJECT: JLB PARTNERS, LLC  
Ref. Number: W04000033177

We have received your document for JLB PARTNERS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 504A00053114

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JLB Partners, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Walter E. Holt  
Lanny Abshier

**Mailing Address:**

5391 SE Maricamp Road  
Ocala, FL 34480

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

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

Walter E. Holt  
Name

5391 SE Maricamp Road  
Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL FLORIDA  
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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..*

[Signature]  
Registered Agent's Signature

**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

mGRM

Walter E. Holt  
5391 SE Maricamp Rd.  
Ocala, FL 34480

Lanny Abshir  
" "  
" "

(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.)

Walter E. Holt  
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)

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TALLAHASSEE, FLORIDA

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