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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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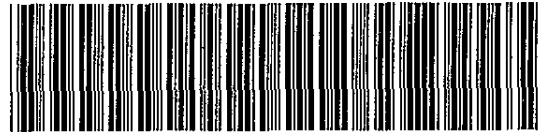
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TIMOTHY G. HAYES AND ASSOCIATES, P.A.**  
**Attorneys at Law**

Lakeview Professional Center  
21859 State Road 54, Suite 200  
Lutz, Florida 33549

**TIMOTHY G. HAYES**  
Telephone (813) 949-6525 • Fax (813) 949-6433  
e-mail: tghayes@mindspring.com

November 4, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Jamel Properties, LLC**

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above limited liability company, along with a check in the amount \$125.00 for the filing fee and Designation of Registered Agent.

Sincerely yours,



DEBRAH MAYWORTH  
Legal Assistant  
HAYES & ASSOCIATES, P.A.  
21859 State Road 54, Suite 200  
Lutz, Florida 33549  
(813) 949-6525

/dm  
Encls.

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Tallahassee, Florida  
Division of Corporations

**ARTICLES OF ORGANIZATION**

**OF**

**JAMEL PROPERTIES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the Limited Liability Company is: **JAMEL PROPERTIES, LLC**

**ARTICLE II -- ADDRESS**

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

4306 Land O'Lakes Blvd.  
Land O'Lakes, FL 34639

**ARTICLE III -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent are:

JAMES D. FARR  
4306 Land O'Lakes Blvd.  
Land O'Lakes, FL 34639

*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 of registered agent as provided for in Chapter 608, Florida Statutes.*



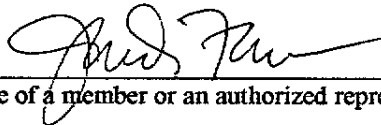
Registered Agent's Signature

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DIVISION OF CORPORATIONS

**ARTICLE IV – MANAGEMENT**

(Check Box If Applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



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.)

JAMES D. FARR

Typed or printed name of signee

11-4-04

DATE

**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)**

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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