

L040000 83339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

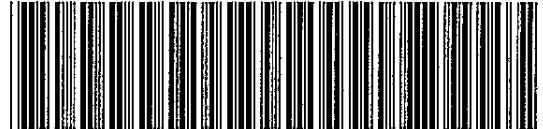
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500042484285

11/09/04--01038--011 \*\*125.00

04 NOV -9 PM 3:39  
DIVISION OF CORPORATIONS

EFFECTIVE DATE  
11/2/04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOHN T JONES

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN T JONES

(Name of Person)

JOHN T JONES, LLC

(Firm/Company)

6435 WYNDOTTE RD

(Address)

PENSACOLA, FLORIDA 32526

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN T JONES

(Name of Person)

at ( 850 ) 748-5748

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, &<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

**EFFECTIVE DATE**

11/2/04

04 NOV - 9 PM 3:39

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHN T JONES, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

6435 WYNDOTTE RD  
PENSACOLA, FL 32526

#### Mailing Address:

6435 WYNDOTTE RD  
PENSACOLA, FL 32526

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

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

JOHN T JONES

Name

6435 WYNDOTTE RD

Florida street address (P.O. Box NOT acceptable)

PENSACOLA, FL 32526

FL

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, F.S.*



Registered Agent's Signature

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
11/02/04

04 NOV

DIVISION

**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:**

MGRM

JOHN T JONES

6435 WYNDOTTE RD

PENSACOLA, FL 32526

(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.)

JOHN T JONES

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

04 NOV -9 PM 3:40  
STATE OF FLORIDA  
DIVISION OF CORPORATE REGISTRATION

## **ADDITIONAL ARTICLE**

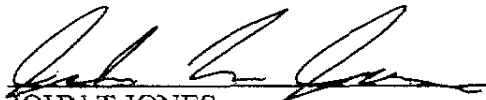
JOHN T JONES, LLC  
6435 WYNDOTTE RD  
PENSACOLA, FL 32526

**ARTICLE V- EFFECTIVE DATE WILL BE 11/01/04**

04 NOV -9 PM 3:40  
DIVISION OF REVENUE

JOHN T JONES, LLC  
6435 WYNDOTTE RD  
PENSACOLA, FL 32526

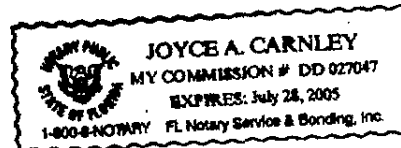
JOHN T JONES IS 100% OWNER OF THE ABOVE REFERENCED LLC AND IS A  
MANAGING MEMBER.

  
\_\_\_\_\_  
JOHN T JONES

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

ON THIS 4<sup>th</sup> DAY OF NOV 2004, PERSONALLY APPEARED BEFORE ME, JOHN  
T JONES, WHO PRODUCED A VALID FLORIDA DRIVERS LICENSE AND IS THE  
SIGNER OF THE FOREGOING DOCUMENT, AND HE ACKNOWLEDGES THAT  
HE SIGNED IT.

  
\_\_\_\_\_  
NOTARY PUBLIC  
JOYCE A CARNLEY



04 NOV - 9 PM 3:40  
DIVISION OF CONSUMER JRS