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04 DEC -5 AM 8:42

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

Registration Section
Division of Corporations

TO:

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

Please return all correspondence concerning this matter to the following:

TOSEPH BELANGER

(Name of Person)

J. A. BELANGER

(Firm/Company)

3472 UALLEY CREK

(Address)

TAILAHASSEE, FL 323/2

(City/State and Zip Code)

For further information concerning this matter, please call:

TOSEPH BELANGER at (850-) 980-2949

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy

2 \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 8: 42

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

J.A. BELANGER LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

3472 UALLEY CREEK
Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

	lanager(s) or Managi lress of each Manager		is as follows:		FILE	ED
Title:		Name and Address	3.	n/.	ner -6	M 8 42
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"MGRM" = Mana	ging Member			SEC	TETAKT 1	FLORIDA
MGR	N	JOSEPH	BELANGE		CHIMBOO	
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	Signature of a member	or an authorized represe	ntative of a member	·-	:	
		on 608.408(3), Florida Sta				
	of this document constituthat the facts stated herein	tes an affirmation under the	ne penalties of perjury	У		
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	Type	BELANI GER d or printed name of signs		* f		
		<u>Filing Fees:</u> \$100.00 Filing Fee for Aı	rtiples of Organizati	on '		
		\$ 25.00 Designation of R		OII.		
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)