

L 04000091331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

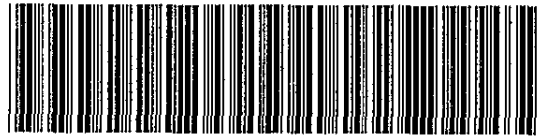
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

48

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: JNWS, LLC
(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:

Neika Cash Taylor, organizer
(Name of Person)

c/o Select Services, Inc. and John A. McCole, CPA
(Firm/Company)

Post Office Box 805
(Address)

Salisbury, NC 28145-0805
(City/State and Zip Code)

For further information concerning this matter, please call:

Neika Cash Taylor, organizer at (800) 647-0027
(Name of Person) (Area Code & Daytime Telephone Number)

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

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TALLAHASSEE, FLORIDA

JNWS, LLC

20-1834832

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

JNWS, LLC

EIN: 20-1834832

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

JNWS, LLC

3340 Talisman Drive

Middleburg, FL 32068-4089

JNWS, LLC

3340 Talisman Drive

Middleburg, FL 32068-4089

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

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

Jeremy William Speaks

Name

3340 Talisman Drive

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

Middleburg

FLORIDA 32068-4089

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 power 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..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

ATX1

The name and address of each Manager or Managing Member is as follows:

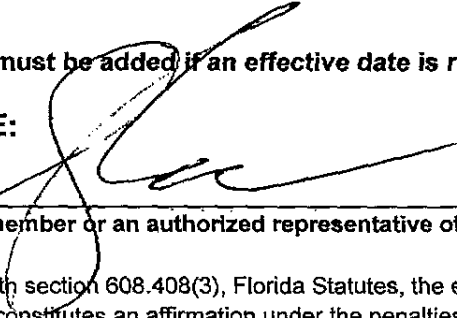
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMJeremy William Speaks3340 Talisman DriveMiddleburg, FL 32068-4089

(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.)

Jeremy William Speaks

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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)