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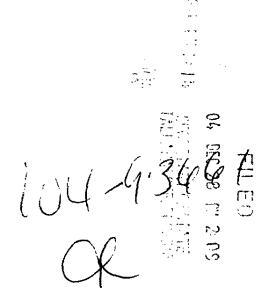
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
(Bi	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CONTRACTOR HOLD LONG ABOVE VEHI



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TARO LLC (Name of Limited	1 Liability Company)
The enclosed Articles of Organization and fee(s) are su	
Please return all correspondence concerning this matter	
James Sto	ockton
()	Name of Person)
(I	Firm/Company)
	(A.I.L., a.)
	(Address)
117 First Av V	Porth Jacksonville FLorido 32250
For further information concerning this matter, please	call:
James Stockton (Name of Person)	at (904) 545-0968 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JARO LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
117 1st Av. N. Jacksonville Beach Florida 32250	117 1st Av. N. Jacksonville Beach Florida 32250	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signatu	re:
The name and the Florida street address of the re	egistered agent are:	
MICHELE FLETI	CHER	
	H COVE LN	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
PONTE VE	DRA, FL 32082	
City, State, a	na zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peaccept the obligations of my position as regis	his certificate, I hereby accept the appoint I further agree to comply with the provi rformance of my duties, and I am familiar	ment as sions of all with and
Adjusted Agent's	Signature /	
,	AEC.	93 J
(CONTIN	UED)	THEE P
Page 1 of 2		ij

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
"MGR"	M. Olsen 117 First AV. N. Jacksonville Beac 327	h Fl. So		
			· •	
			•	
(Use attachment if necessary)				
NOTE: An additional article	must be added if an effective date is reques	sted.		
REQUIRED SIGNATURE:				
(In accordance v	nember or an authorized representative of a member with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perju	ì		
that the facts s	stated herein are true.)	素質	4,0	
Jaw	Typed or printed name of signee		333	77
Filing Fees:			28	
\$125.00 Filing Fee for Articles o of Registered Agent	f Organization and Designation	112 mg	- 7	(,,,,,
\$ 30.00 Certified Copy (Options 5.00 Certificate of Status (O			38 G	