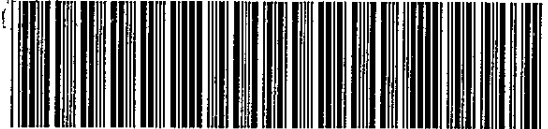


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600043595056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: JNJ Services, LLC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

<u>125.00</u> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: James P. Cochran
Name (Printed or typed)

1914 Alexander Dr.
Address

Lakeland FL 33803
City, State & Zip

863-686-1578
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

J N J Services, LLC.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is J N J Services, LLC..
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

1914 Alexander Drive Lakeland, Florida 33803
4. **Mailing Address.** The mailing address of the limited liability company is:

1914 Alexander Drive Lakeland, Florida 33803
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

James P Cochran
1914 Alexander Drive
Lakeland, Florida 33803

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 provisional 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.


James P Cochran


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SECRETARY OF STATE
TALLAHASSEE FL 32310-0001

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

January 1, 2005


James P Cochran
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)