## 105000001418

| (Re                     | equestor's Name                 | )           |
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| (Ci                     | ty/State/Zip/Phor               | ne #)       |
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| PICK-UP                 | TIAW                            | MAIL        |
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|                         | ısiness Entity Na               | me)         |
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| <b>10</b>               | ocument Number                  | <u> </u>    |
| (DC                     | Journelle Number                | )           |
|                         |                                 |             |
| Certified Copies        | _ Certificate                   | s of Status |
|                         |                                 |             |
| Special Instructions to | Filing Officer:                 |             |
| •                       | •                               |             |
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SECRETARY OF STATE

105-1418

## TRANSMITTAL LETTER

| TO: Registration Se<br>Division of Co |   |   |  |
|---------------------------------------|---|---|--|
| SUBJECT: MATTHE                       |   | i Liability Company)                          |  |
|                                       | (14dino of Dillinos)                          | Diaginty Company)                             |  |
| The enclosed Articles of              | f Organization and fee(s) are so              | abmitted for filing.                          |  |
| Please return all corresp             | ondence concerning this matte                 | r to the following:                           |  |
| •                                     | -   | •   |  |
| MATTHE                                | EW W. JEHS                                    |   |  |
| <del>, 1:</del>                       |   | Vame of Person)                               |  |
|                                       |   |   |  |
|                                       |   |   |  |
| MATTHEW W. JEH                        |   |   |  |
|                                       | (1  | Firm/Company)                                 |  |
|                                       |   |   |  |
| 6131 ISLAN                            | ID HARBOR ROAD                                |   |  |
|                                       | ·   | (Address)                                     | ·  |
|                                       |   |   |  |
| 055                                   | OTIAN EN 000E0                                |   |  |
| SEBA                                  | ASTIAN, FL 32958                              | G   | <del></del> .  |
|                                       | (City/  | State and Zip Code)                           |  |
|                                       |   | _   |  |
| For further information               | concerning this matter, please                | call:   |  |
| MATTHEMAN IEUS                        |   | at ( 630 ) 373-2895                           |  |
| MATTHEW W. JEHS                       | of Person)                                    | at (630 ) 373-2895<br>(Area Code & Daytime To | Jenhone Number   |
| (1,0000                               | 011 0(501)                                    | (raca code de Dayanio 10                      | stephone (tumber)  |
| Enclosed is a check for               | r the following amount:                       |   |  |
|                                       | _   | <b>—</b>                                      |  |
| <b>5</b> \$125.00 Filing Fee          | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy        | ☐ \$160.00 Filing Fee,<br>Certificate of Status &  |
|                                       | Commone of Status                             | (additional copy is enclosed)                 | Certified Copy   |
|                                       |   | •   | (additional copy is enclosed)  |
|                                       |   |   | ECR<br>LLA   |
| STRE                                  | ET ADDRESS:                                   | MAILING A                                     | The same and the s |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

AN IS PM

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| MATTHEW W. JEHS, LLC  ARTICLE II - Address:  |   |  |  |
|--|---|--|--|
| ARTICLE II - Address:  | •   |  |  |
| The mailing address and street address of the princ  | cipal office of the Limited Liability Company is: |  |  |
| Principal Office Address:  | Mailing Address:                                  |  |  |
| 6131 ISLAND HARBOR ROAD  | 3131 ISLAND HARBOR ROAD                           |  |  |
|  | SEBASTIAN, FL 32958                               |  |  |
| ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the reg |   |  |  |
| MATTHEW W. JEHS  | MATTHEW W. JEHS                                   |  |  |
| Name   | · · · · · · · · · · · · · · · · · · ·             |  |  |
| 6131 ISLAND HARBOR ROAD  | 6131 ISLAND HARBOR ROAD                           |  |  |
| Florida street addres  | ss (P.O. Box <u>NOT</u> acceptable)               |  |  |
| SEBASTIAN  | FL 32958  |  |  |
| 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

Z005 JAN 13 PH 1: 12

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Citle:</u>   | Name and Address:                                |
|---|--|
| "MGR" = Manager<br>"MGRM" = Managing Member               |  |
| MGR   | MATTHEW W. JEHS                                  |
|   | 6131 ISLAND HARBOR RD.                           |
| · · · · · · · · · · · · · · · · · · ·                     | SEBASTIAN, FL 32958                              |
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|   | <u></u>  |
|   |  |
| (Use attachment if necessary)                             |  |
| NOTE: An additional article must be                       | added if an effective date is requested.         |
| REQUIRED SIGNATURE:                                       | .,   |
| REQUIRED BIGHAT CRE.                                      | (1 - 1)  |
| 111. Bl   | W-///  |
| Signature of a member of                                  | r an authorized representative of a member.      |
| (In accordance with section                               | n 608.408(3), Florida Statutes, the execution    |
| of this document constitute<br>that the facts stated here | es an affirmation under the penalties of perjury |
| MATTHEW W. JEHS   |  |
| 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)