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TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: New Jour				
	(Name of Limite	ed Liability Co	mpany)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for fi	ling.	
Please return all corresp	ondence concerning this matt	er to the follow	ing:	
Robert A	. Rumbley			
	(Name of Person	1	
	•	(Firm/Company)		
83 Valley Ri	se Road			
		(Address)		
_				05 F
Craw	fordville, Florida 32327	/State and Zip C	oda)	——————————————————————————————————————
	(City	istate and Zip C	ode)	17 \\S\$
For further information of	concerning this matter, please	call:		DS FEB 17 AM 11:57
				FFC 57
Robert A. Rumbley		at (_850	421-1705	<u> </u>
(Name	of Person)	(Area C	Code & Daytime Te	elephone Number
Enclosed is a check fo	r the following amount:			
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy senciosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration Section		
Division of Corporations 409 E. Gaines Street			Division of Co P.O. Box 6327	
Tallahassee, Florida 32399			Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
NEW JOURNEY, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
New Journey, LLC	New Journey, LLC
83 Valley Rise Road	83 Valley Rise Road
Crawfordville, Florida 32327	Crawfordville, Florida 32327
The name and the Florida street address of the r	egistered agent are:
Name	7-10-05.
83 Valley Rise Road	
Florida street add	ress (P.O. Box NOT acceptable)
Crawfordville, Florida 32327	FL.
City, State, 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 per accept the obligations of my position as registered Agent's Registered Agent's	Signature AHASSEE, FL
(CONTIN	UED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Robert A. Rumbley		
	83 Valley Rise Road	-	
	Crawfordville, Florida 32327	_	
MGRM	Mary S. Rumbley		
	83 Valley Rise Road	-	
	Crawfordville, Florida 32327	- -	
		_	
		-	
		_	
		_	
		_	
(Use attachment if necessary)			
NOTE: An additional article mus	t be added if an effective date is requested.		
REQUIRED SIGNATURE:			
Front (Rumbles	05 FEB	, 13 5 + 15 0 14 − 15
Signature of a memb	er or an authorized representative of a member.	<u> </u>	¥ ¦; tacasa
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	7 AH I	
Robert A. Rumbley			1.39
Т	yped or printed name of signee	57	

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)

Attachment to Articles of Organization for Florida Limited Liability Company, New Journey, LLC.

ARTICLE V – Effective Date

This Florida Limited Liability Company shall have an effective date of February 16, 2005.

05 FEB 17 AMII: 57