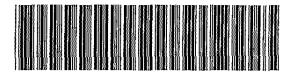
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(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: Todd Jam		I Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Organization and fec(s) are su	abmitted for filing.	
	ondence concerning this matter		
Carol Sn		Name of Person)	
Todd James LLC			
	(I	Firm/Company)	40 8 1
PO Box 101	666		2005 FEB 15 PH 12: 13
		(Address)	SSEE PAIN
Cape	Coral, FL 33910		
***************************************	(City/	State and Zip Code)	- Gr
For further information	concerning this matter, please	call:	
Carol Snyder		at (239) 565-1132	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Todd James LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1766 E. Cape Coral Pkwy #610	PO Box 101666
Cape Coral, FL 33904	Cape Coral, FL 33910
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Carol Snyder	
Name 1766 E. Cape Coral Pkwy #610	FLORE TO TO
Florida street addr	ress (P.O. Box NOT acceptable)
Cape Coral, FL 33904 City, State, ar	FL ad 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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Carol Snyder 1766 E. Cape Coral Pkwy #610 Cape Coral, FL 33904
(Use attachment if necessary)	added if an effective date is requested.
REQUIRED SIGNATURE:	added if all effective date is requested.
(In accordance with section	on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury ein are true.)

-

Carol Snyder

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)