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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Michael Jordan Cont. (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Jindan
(Name of Person)
Mikhad Jordan (ont.
(Firm/Company)
151 creekside lane
1st creenstat lant
(Address)
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
1/4 - 1/4 - 1/4 - 1/4 - 2-21/
Mike Sondan at 229 403-7734 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Const

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

richael Jordan

The name and the Florida street address of the registered agent are:			
Michae Jordan Name			·
514 (ucento Rd. Florida street address (P.O. Box NOT acceptable) tord walton FL 397/6			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am facept the obligations of my position as registered agent as provided for in Chapte	pointmen he provis miljar w	it as sions c ith an	of all
Registered Agent's Signature	SLURE	05 APR	11
(CONTINUED)	RY OF STA	PH 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:	
mGR·M	Mike Jordan 151 creesside laim.	
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(Use attachment if necessary)		

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)