

# LO5000039085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

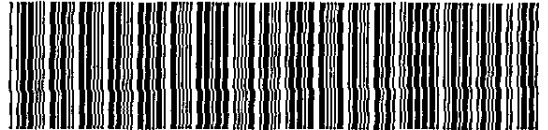
(Document Number)

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Supervisor	DCC
Secretary	DCC



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04/18/05--01057--018 \*\*160.00

FILED  
APR 18 2005  
DEPT. OF REVENUE  
RECORDS SECTION

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eason Ventures LLC  
(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:

Jeffrey E. Eason  
(Name of Person)

Eason Ventures LLC  
(Firm/Company)

5359 Oak Bay Drive  
(Address)

Jacksonville, FL 32277  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey E. Eason at ( 904 ) 762-1914  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
SECRETARY  
TALLAHASSEE  
2005 APR 19

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Eason Ventures LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

Eason Ventures LLC  
5359 Oak Bay Drive  
Jacksonville, FL 32277

Eason Ventures LLC  
5359 Oak Bay Drive  
Jacksonville, FL 32277

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

The name and the Florida street address of the registered agent are:

Jeffrey E. Eason

Name

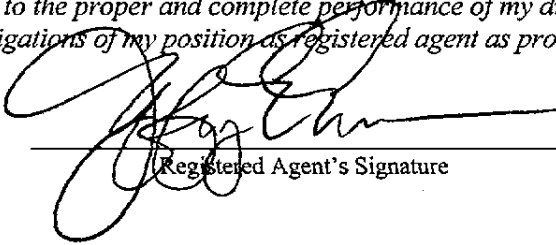
5359 Oak Bay Drive

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32277

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)

**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

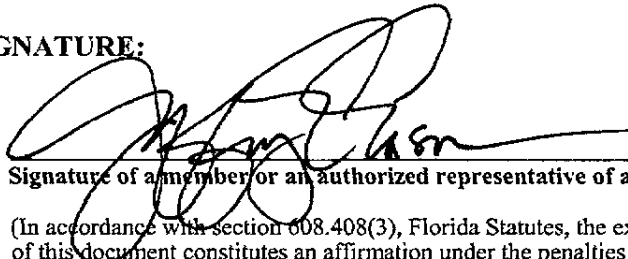
**Name and Address:**

<u>MGRM</u>	<u>Dana D. Eason</u> <u>5359 Oak Bay Drive</u> <u>Jacksonville, FL 32277</u>
<u>MGRM</u>	<u>Jeffrey E. Eason</u> <u>5359 Oak Bay Drive</u> <u>Jacksonville, FL 32277</u>
<u>MGRM</u>	<u>Michael R. Munz</u> <u>1151 Brookwood Road</u> <u>Jacksonville, FL 32207</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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.)

Jeffrey E. Eason

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)

SECRETARY OF STATE  
FILED  
2005 APR 18 P 3:15