105000043465

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
	—	F71	
☐ PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nam	ne)	
(Dc	cument Number)		
(50	ournoit (variable)		
		• • •	
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
1 ,			
4/28	F1	(C)	
1000	1	}	
		j	
		ì	
		{	
		1	





100051354201

04/28/05--01020--005 **125.00

HUM .

TRANSMITTAL LETTER

то:	Registration Section Division of Corporations		
SUBJE	CT:		
The enc	losed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
·	Ruth L. Kuttler (Name of Person)		
(Firm/Company)			
9869 Clear Lake Circle (Address)			
(Address)			
Naples FL 34109 (City/State and Zip Code)			
For furt	her information concerning this matter, please call:		
Ru	th L. Kuttler at (239) 293-7695 (Name of Person) (Area Code & Daytime Telephone Number)		
(Mea Code & Daytine Telephone Number)			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
J & C Blud.	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:
9869 Clear Lake Circle	9869 Clear Lake Circle
Naples, FL	Naples, FL
34109	34109
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere. Ruth L. Kuttler Name 9869 Clear Lake Florida street address (P.O. Box No. 1980) Naples, FL City, State, and Zip	C: v c L OT acceptable)

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, Florida Statutes.

Registered Agent's Signature

4-24-2005

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
"MGRM"	Paul B. Kuttler 9869 Clear Lake Circle Naples, FL 34109			
	7867 Clear Lake Circle			
	Noples FE 34184			
"MARM"	Ruth L. Kuttler			
	9869 Clear Lake Circle			
	Neples Fr 34109			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
Kuth L Kuttler				
Signature of a member or an au	athorized 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.)				
Ro+n L. Ki	14-14-2005			
Ro+h L. Ki	nted name of signee			

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

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)