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2005 JUN -2 P 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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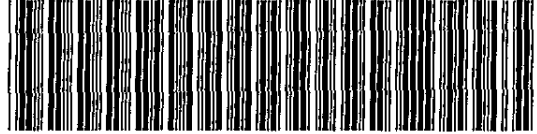
(Business Entity Name)

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05/02/05--01032--024 **160.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: JCSO GROUP, LLC
(Name of Limited Liability Company)

2005 MAY -2 P 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN THOMPSON

(Name of Person)

JCSO GROUP, LLC

(Firm/Company)

2700 IMMOKALEE ROAD, BUILDING 200B, SPACE 19

(Address)

NAPLES, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN THOMPSON ^(cell) at (239) 860-4831 ^(home) 239-254-1784
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JCSO GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

JCSO GROUP, LLC
2700 IMMOKALEE ROAD
BUILDING 200B, SPACE 19
NAPLES, FL 34110

Mailing Address:

JCSO GROUP, LLC
2700 IMMOKALEE
BUILDING 200B, SPACE 19
NAPLES, FL 34110

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

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

KEVIN THOMPSON

Name

3974 CORINNE COURT

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

NAPLES, FL 34109 FL

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:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

KEVIN THOMPSON, MGRM

3974 CORINNE COURT
NAPLES, FL 34109

ROBERT L. HARPSTER

3993 REFLECTION COURT
NAPLES, FL 34109

(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.
Kevin Thompson

(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.)

Kevin Thompson

Typed or printed name of signee

EFFECTIVE DATE: MAY 1, 2005

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)