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DIVINION OF CORPORATIONS

DIVINION OF CORPORATIONS

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## TRANSMITTAL LETTER

TO: Registration So Division of Co				
SUBJECT:	E-jamie Manag	ement Services, LLC		
		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Gracel	yn Eulanda James		
	(1	Name of Person)		<u>-</u> .
	E-jamie N	fanagement Services		
		Firm/Company)		,
	19135 US H	wy 19 North unit # J-10		Divi
		(Address)		是
	Clea	arwater, Fl 33764		2005 AUG 25 PH 2: 48 DIVISION OF CORPORATION DIVISION OF CORPORATION
<del></del>	(City/	State and Zip Code)		F. 22 2
For further information	concerning this matter, please	call:		ATION ORIDA
Gracelyn E	ulanda James	at ( 727 ) 538-2907		<i>U</i> ,
(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)	
STREET 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

E-jamie Mana	agement Services , 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:	
19135 US Hwy 19 North unit # J-10	P.O.Box 4124	
Clearwater, Fl 33764	Bay Pines, FI 33744-4124	
	Eulanda James  Name  Page 5  University 1.10	
	Hwy 19 North unit J-10 treet address (P.O. Box NOT acceptable)	
	arwater, FI 33764	
	<del></del>	
	, State, and Zip	

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
"MGR"	Gracelyn Eulanda James		
	19135 US Hwy 19 North unit J-10		
	Clearwater, FL 33764		
"MGRM"	Hortense Jackson		
	10420 193rd Street		
	St. Albans, NY 11412		
	The state of the s		
	7. 20		
	75		
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:			
Gracelyn Eu	landa James		
Sygnature 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

Gracelyn Eulanda James
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)