

LOS 0000 84829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

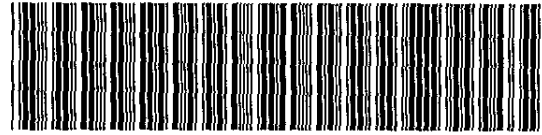
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

8/26
[Signature]



700058576477

08/26/05--01029--010 **125.00

FILED

05 AUG 26 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSCOTT Realty 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:

Dale S. Wilson
(Name of Person)

Dale S. Wilson, P.A.
(Firm/Company)

PO Box 1808
(Address)

Green Cove Springs, FL 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

Dale S. Wilson at (904) 284-5618
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 26 PM 12:56

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JSCOTT Realty 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:

5305 Isleworth Country Club Drive
Windermere, FL 34786

5305 Isleworth Country Club Drive
Windermere, FL 34786

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

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

Julie R. Morris

Name

1817 Kaluma Court

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

Orlando FL 32806

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 26 PM 12:56

FILED

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..

Julie R. Morris
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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	Julie R. Morris 1817 Kaluma Court Orlando, FL 32806
<u>MGRM</u>	Scott A. Morris 1303 Briercliff Drive Orlando, FL 32806
<u>MGRM</u>	T J Casterline 1235 Natural Oaks Drive Orange City, FL 32736
<u>MGRM</u>	Danielle Carr 740 Boardman Orlando, FL 32804

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Julie R. Morris

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.)

Julie R. Morris

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
ALLAHUSSAINI
FLORIDA

05 AUG 26 PM 12: 56

FILED