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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	—	
(Document Number)		
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Special Instructions to Filing Officer:	\neg	
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TRANSMITTAL LETTER

то:	Registration Section Division of Corporations	
SURJEC	CT: STEWART JESSEE ENTERPRISES, L.L.C.	
.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Limited Liability Company)	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	Au S
Please re	eturn all correspondence concerning this matter to the following:	SEP .
	KENTON STEWART OR JASON JESSEE	
	(Name of Person)	
STEW	VART JESSEE ENTERPRISES	P11 3: 25
1	(Firm/Company)	7
	× 1107 KEY PLAZA = 210	
	(Address)	_
	KEY WHST, FL 33040 (City/State and Zip Code)	
For furth	ner information concerning this matter, please call:	
_	ASON JESSEE at 305, 360 IST	4
	(Name of Person) (Area Code & Daytime Telephone Number	r)
Enclose	ed is a check for the following amount:	
□ \$125.	Certificate of Status Certified Copy Certificate of Cadditional copy is enclosed) Certified C	
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

· Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
STEWART JESSEE ENTERPRISES , L.L.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is:
Principal Office Address: Mailing Address:	
1107 KEY PLAZA # 210 1107 KEY PLAZA # 218	1 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	로
The name and the Florida street address of the registered agent are:	بر ~
MICHAEL R. BARNES, P.A.	വ
Name	
801 WHITEHEAD STREET	
Florida street address (P.O. Box NOT acceptable)	
KEY WEST, FLORIDA 33040 FL City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited fability 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 valutes 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.

MICHAEL R. BARNES

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: Name and Address: Title: ` "MGR" = Manager "MGRM" - Managing Member KENTON STEWART BIZ JUDSON AUB ERIN STEWART BUR MOSOUC SZB JASON JESSEE KEY PLAZA # 2 WAMPAR Was 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.) MICHAEL R. BARNES Typed or printed name of signee
ATTORNEY, REGISTERRAD AGENT ¿ ANTHORITICO REPRESENTATIVE OF Filing Fees: JASON JESSEE \$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)