## 10500091427

(Requestor's Name)			
(Address)			
74	Division N		
(AC	ldr <del>e</del> ss)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		1	

Office Use Only



000059851550

09/26/05--01025--015 \*\*125'00

05 SEP 26 AM 9: 47

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: <u>AVE</u>	ERAGE JOE'S EN	TERPRISES LLC.		
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
	JOSEPH C. H	INK		
	O	Name of Person)		
AVE	RABE JOE'S EN	TERFRISE'S LLC. Firm/Company)		
13727 5E 175 <sup>TH</sup> 5T. (Address)				
<del></del>	70101 00 1	(Address)		
	WEIRSDALE,	FL 32195  (State and Zip Code)		
	(City)	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Joseph (Name	C. Hink	at ( <u>352</u> ) <u>572-2</u> (Area Code & Daytime Te	2008	
(Name	e of Person)	(Area Code & Daytime Te	lephone Number)	
_	or the following amount:			
\$125.00 Filing Fee	S130.00 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)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	Is Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The name of the Elimica Elability Company is.				
AVERAGE JOE'S ENTERPRISES UC.  (Must end with the words "Limited Liability Company," Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompan	y is:		
Principal Office Address: Mailing Address:				
13727 SE 175 <sup>TH</sup> ST 13727 SE 175 <sup>TH</sup> ST WEIRSDALE, FL 32195 WEIRSDALE, FL 3219	- <del>7</del> 5			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
JOSEPH C. HINK Name				
Name				
13727 SE 175 <sup>T4</sup> ST				
Florida street address (P.O. Box NOT acceptable)				
WEIRSDALE FI 32195				
WEIRSDAGE, FL 32195 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 appoin				
registered agent and agree to act in this capacity. I further agree to comply with the prov		-		
statutes relating to the proper and complete performance of my duties, and I am familia				
accept the obligations of my position as registered agent as provided for in Chapter 60	70, F.S.			
Registered Agent's Signature (REQUIRED)	05 SEP			
(CONTINUED)	26	- G;₹:		
Page 1 of 2				
A 1755 A 175 A	€	0.1		

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR	JOSEPH C. HINK 137275E 175 TH ST WEIRSDALE, FL 32195
(Use attachment if necessary)	
	te of filing: <u>9-26-2005</u> . (OPTIONAL)  pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	of an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury ein are true.)

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)

JOSEPH C. HINK.

Typed or printed name of signee