## (Address) (Address) (Address) (Address)

(City/State/Zip/Phone #)

(Business Entity Name)

(Document Number)

Danelly must Sign.

Certificates of Status

MAIL

PICK-UP

Special Instructions to Filing Officer.

Certified Copies \_\_\_\_

W05-44787

(05/19/05--0101) - (6) | \*\*190, 00

FILED PH 3: 35
DS DCT 13 PH 3: 35
TALLAHASSEE FLORIDA

RA must & Sign

## **COVER LETTER**

TO: R	egistration S ivision of Co	ection orporations			
SUBJECT	ј. ЈВ	Group, LLC			
		(Name of Limite	ed Liability Company	y)	
The enclos	ed Articles o	of Organization and fee(s) are s	submitted for filing.		
Please retu	m all corres	pondence concerning this matte	er to the following:		
		Jilanne Belcher			
		(	Name of Person)		
	·	JB Group, LLC			
		(	(Firm/Company)		
	4	1379 Newbury Driv	7e		
			(Address)		
	N	New Port Richey,	FL 34652		
		(City	/State and Zip Code)		
For further	information	concerning this matter, please	call:		
Jilar	ne Bel	cher	727 at ()_	992-46	548
	(Name	of Person)	(Area Code &	Daytime Te	lephone Number)
Enclosed is	s a check fo	or the following amount:			
\$125.00	Filing Fee	▼\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy (additional copy is e		\$160.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Cour Registration Division of Clifton Buil 2661 Execut Tallahassee.	Section Corporation ding tive Center	ıs



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2005

JILANNE BELCHER JB GROUP LLC 4379 NEWBURY DRIVE NEW PORT RICHEY, FL 34652

SUBJECT: JB GROUP, LLC Ref. Number: W05000044787

We have received your document for JB GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

"THOMAS J. DONNELLY" must sign accepting as agent, as he is the one designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

Letter Number: 005A00059131

DO DOV 0007 M-U-L---- Fl----- Fl------ 99914

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e:					
The name of the Lin	nited Liability Company	is:				
JB Group,	LLC					
(Must end with the words "	Limited Liability Company, "L	imited Company"	or their abbr	eviation '	"LLC," or "l	L.C.,")
ARTICLE II - Add The mailing address	ress: and street address of the	e principal off	ice of the	Limite	ed Liabili	ty Company is:
Principal Office Ad	dress:	Mailing	Address	<u>:</u>		
4379 Newbury	Drive	Sam	ne			
New Port Ric	hey, FL 34652					<b>_</b> _
	ristered Agent, Registe pany cannot serve as its own Roive Florida registration.)					
The name and the Fl	orida street address of th	ne registered a	gent are:			
			mas J.	Donr	nelly,	Esquire
	Na	me				
			1172 B	rowne	ell St	reet
-	Florida street	address (P.O. B	ox <u>NOT</u> ac	ceptable	e)	
	Clearwater	FL	33	756		
_	City, Star	te, 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 ogent as provided for in Chapter 608, F.S.

Beginnered Agent's Signature (REQUIKE)

(CONTINUED)
Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jilanne Belcher 4379 Newbury Drive New Port Richey, FL 34652
	date of filing: 9-14-05. (OPTION specific and cannot be more than five business da
days after the date of filing.)  REQUIRED SIGNATURE:	

Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Typed or printed name of signee