

L05000/05569

2005 OCT 27 P 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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10/27/05--01026--010 **125 00

Joseph Almeida
18 Wimpole Street
Moraga, CA 94556

FILED

October 24, 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is my completed Articles of Organization, with regard to the newly formed LLC
along with a filing fee in the amount of \$ 125.00

Name of LLC
FEIN

JA Havenview LLC
03-0572295

Street Address

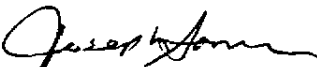
327 Avenue J SE
Winter Haven, Florida 33881

Mailing Address

P.O. Box 2184
Concord, CA 94521

Should you have any questions, I can be reached at my cell # 925-787-6523

Sincerely



Joseph Almeida
cell # 925-787-6523
fax # 925-226-4838

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

JA Havenview LLC

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address

327 Avenue J SE

P.O. Box 2184

Winter Haven, Florida 33881

Concord, California 94521

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

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

Ron Pillay

Name

2972 White Cedar Circle

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

Kissimmee

FLORIDA 34741

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 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, Florida Statutes..


Registered Agent's Signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Moraga California, 94556

Moraga California, 94556

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

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.)

JOSEFA ARMENIA

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)