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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : I19980000007
Phone : (407) 425-1020
Fax Number : (407) 839-3635

LIMITED LIABILITY COMPANY

JLC Roll Off, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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

ARTICLE I – Name:

The name of the Limited Liability Company is JLC ROLL OFF, LLC.

ARTICLE II – Address:

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

Principal Office Address:

5385 Jamaica Road
Port St. John, FL 32927

Mailing Address:


5385 Jamaica Road
Port St. John, FL 32927

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

The name and Florida street address of registered agent are:

JADE GARTZ
5385 Jamaica Road
Port St. John, FL 32927

Having been named as registered agent and to accept service of process for the above state 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.


JADE GARTZ, Registered Agent

ARTICLE IV – Manager(s) or Managing Member(s)

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Jade Gartz
5385 Jamaica Road
Port St. John, FL 32927

REQUIRED SIGNATURE:


Signature
JADE GARTZ

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