## 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	9 10
	WAIT	<u> </u>
(Bu	siness Entity Nai	me)
(Do	cument Number)	)
ertified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
		12/12/



12/06/05--01037--009 \*\*180.00

## COVER LETTER

TO: Registration Se Division of Con		_	
SUBJECT: johneor	nline.com LLC		
<del></del>	(Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
John E. Dru	ımm		
	(	Name of Person)	
johneonline	.com LLC		
	(	(Firm/Company)	
1738 Caro	lina Avenue		
		(Address)	
Ormond B	each, FL 32174		
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
John E. Drumm	of Person)	at ( 386 ) 212-2735 ES (Area Code & Daytime Telephone Number)	05 DEC -
Enclosed is a check fo	r the following amount:		-6 PH
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	PH 12: 28
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

johneonline.com LLC	mital Linkility Company "Ti-	nited Company" or their abbreviation "L	10" 0= "	4 C 2)		
(Must end with the words "Li	mited Liability Company, "Lin	nited Company of their appreviation "Li	LC, or	1)		
ARTICLE II - Addre	•					
The mailing address a	nd street address of the	principal office of the Limited	Liabili	ity Comp	any is	:
Principal Office Add	ress:	Mailing Address:				
1738 Carolina Avenue		1738 Carolina Avenue				
Ormond Beach, FL 32174	ļ.	Ormond Beach, FL 32174	<del></del>		-	.,
						-
	any cannot serve as its own Rep	red Office, & Registered Agent gistered Agent. You must designate an in				
business entity with an active	any cannot serve as its own Rep	gistered Agent. You must designate an in			05 DE	
business entity with an active	any cannot serve as its own Rese Florida registration.)	gistered Agent. You must designate an in			05 DEC	-
The name and the Flor	any cannot serve as its own Reger Florida registration.)  rida street address of the hn E. Drumm  Nan  Nan  38 Carolina Avenue	gistered Agent. You must designate an in e registered agent are:			9.	
The name and the Flor	any cannot serve as its own Reger Florida registration.)  rida street address of the hn E. Drumm  Nan  Nan  38 Carolina Avenue	gistered Agent. You must designate an in			9.	
The name and the Flor	any cannot serve as its own Reger Florida registration.)  rida street address of the hn E. Drumm  Nan  Nan  38 Carolina Avenue	gistered Agent. You must designate an in e registered agent are:			9.	
The name and the Flor	any cannot serve as its own Reger Florida registration.)  rida street address of the hn E. Drumm  Nan  38 Carolina Avenue  Florida street a	gistered Agent. You must designate an in e registered agent are:  ne nddress (P.O. Box <u>NOT</u> acceptable)  FL 32174			05 DEC -6 RM 12: 28	

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	ember
MGR	John E. Drumm
	1738 Carolina Avenue
	Omond Beach, FL 32174
<del>), , , , , , , , , , , , , , , , , , , </del>	
(Use attachment if necessa	ory)
TICLE V: Effective date, if other	her than the date of filing: November 30, 2005 (OPTIONAL) late must be specific and cannot be more than five business days prioring.)
REQUIRED SIGNATU	RE:
Signatur	e of a member or an authorized representative of a member.
of this do	dance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury affacts stated herein are true.)
John E.	Drumm

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

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

Typed or printed name of signee