# L05000122950

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# **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: A & J PROCESSING LLC	
	Liability Company)
The enclosed Articles of Organization and fee(s) are su	
Please return all correspondence concerning this matte	r to the following:
Daniel F Bartling	Name of Person)
Critical Path Solutions	
	Firm/Company)
3303 N Lakeview Driv	/e # 3112
	(Address)
Tampa, FL 33618	
	State and Zip Code)
For further information concerning this matter, please	call:
Daniel F Bartling	at (813) 404-8170 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$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)
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 Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
A & J PROCESSING LLC  (Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
3081 WATERFALL DR	3081 WATERFALL DR	
SPRING HILL, FL 34608	SPRING HILL, FL 34608	• 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		•
	ered Office, & Registered Agent's Signatur egistered Agent. You must designate an individual or another eregistered agent are:	
	te rogistered agont are.	
DANIEL F BARTLING Na	une	) VIS
3303 N LAKEVIEW DR,	SHITE 3412	DEC CONTRACT
<u></u>	t address (P.O. Box NOT acceptable)	28 28
TAMPA	FI. 33618-1345	<b>19</b> 87 9
City, Sta	ite, and Zip	PM: 4:
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above state in this certificate, I hereby accept the appointn acity. I further agree to comply with the provis e performance of my duties, and I am familiar w egistered agent as provided for in Chapter 608	ed limited in the control of the con

(CONTINUED) Page 1 of 2

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

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

MGR	ANA L DANIELS  3081 WATERFALL DR  SPRING HILL, FL 34608
MGRM	JIMMY LEE UNG
	429 CYPRESS VIEW DR
	OLDSMAR, FL 34677
(Use attachment if necessary)	## # 17
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTIONAL st be specific and cannot be more than five business days

ANA L DANIELS

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)