## (06000000000000

| Stay ley B. D. Pout<br>(Requestor's Name)         |  |  |  |  |
|---|--|--|--|--|
| (Requestor's Name)  73   Sheline Drive  (Address) |  |  |  |  |
| Havang PC (Address)                               |  |  |  |  |
| 35 3 3 3 3 (City/State/Zip/Phone #)               |  |  |  |  |
| PICK-UP WAIT MAIL                                 |  |  |  |  |
| (Business Entity Name)                            |  |  |  |  |
| (Document Number)                                 |  |  |  |  |
| Certified Copies Certificates of Status           |  |  |  |  |
| Special Instructions to Filing Officer:           |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

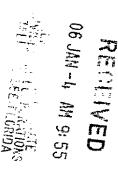
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jakiya Investments, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| ARTICLE II - Add  |                                    |                                       |   |   |
|---|------------------------------------|---------------------------------------|---|---|
| The mailing address   | and street address of the pri      | ncipal office of the Limited Liabil   | ity Company is:                           |   |
| Principal Office Ac   | ldress:                            | Mailing Address:                      | · -                                       |   |
| Stanley B<br>731 Sheli<br>Havana,   | b. Du Pont<br>ne Drive<br>FL 32333 | 731 Sheline<br>Havana FC              | <u>Drive</u><br>32333                     |   |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are: |                                    |                                       |   |   |
| The name and the F  | lorida street address of the re    | gistered agent are:                   | AST F                                     |   |
|   | Stanley B.D                        | $\rho_{2} +$                          | 7. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. | • |
| -   | Name                               | 4 104 1                               | 지역 로                                      | 1 |
|   | 721 Chalin                         | e Drive                               |   |   |
|   | 1                                  |                                       | 9: 53<br>STATE<br>LORID/                  |   |
|   | . 1                                | ress (P.O. Box <u>NOT</u> acceptable) | D C                                       |   |
|   | Havana                             | FL 723333                             |   |   |
|   | City, State, a                     | nd 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, F.S..

(CONTINUED)
Page 1 of 2

Registered-Agent's Signature (REQUIRED)

## Stanley D. Dulsal 731 She line Drive Havang, FL 32333 Kenya Glem Jenkin S 508'1 Paloverde Place Haver hill, FL 33415

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

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

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

Name and Address:

Typed or printed name of signee

Filing Fees:

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

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