

L06000015643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

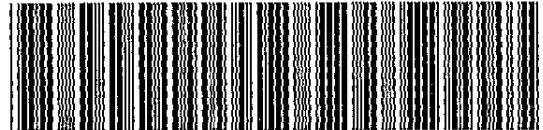
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 FEB -3 PM 4:52

TALLAHASSEE, FLORIDA

James Rogers GAVE

AUTHORIZATION BY PHONE TO

CORRECT date to be 01/27/06

DATE 02/13/06 @ 4:18 pm

DOC. EXAM [Signature]

J. BRYAN FEB 14 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JF&J, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES WILLIAM ROGERS  
(Name of Person)

JF&J, LLC  
(Firm/Company)

5007 87TH STREET SOUTH  
(Address)

TAMPA, FLORIDA 33619-7209  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES W. ROGERS at ( 813 ) 677-1338  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JF&J, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5007 87TH STREET SOUTH

5007 87TH STREET SOUTH

TAMPA, FLORIDA 33619-7209

TAMPA, FLORIDA 33619-7209

**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:

JAMES WILLIAM ROGERS

Name

5007 87TH STREET SOUTH

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

TAMPA, FLORIDA 33619-7 FL

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, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMPA FLORIDA

**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

**Name and Address:**

MGR

JAMES WILLIAM ROGERS  
5007 87TH STREET SOUTH  
TAMPA, FLORIDA 33619-7209

MGRM

JACQUELINE D. BARR  
3707 FALLSCREST CIRCLE  
CLERMONT, FLORIDA 34711

MGRM

FLORENCE P. ROGERS  
5007 87TH STREET SOUTH  
TAMPA, FLORIDA 33619-7209


\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 27 JANUARY 2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED 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.)

JAMES WILLIAM ROGERS  
\_\_\_\_\_  
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)

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JAMES WILLIAM ROGERS  
TALLAHASSEE, FLORIDA