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COVER LETTER

TO: Registration Se Division of Con		,	
SUBJECT:	Teavis Jewes (Name of Limited	LL C d Liability Company)	<u></u>
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Tenvis T Jones	Name of Person)	7.
	Tennis Jones		
Talla	Whe Aleabone W. hassee FL (City)	(Address)	
	(City) . concerning this matter, please		
TRANIS	Taxes	at (850) 214-	4538
(Name	of Person)	at (850) 214 – (Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 Corporation Clifton Building 2661 Executive Center	ons Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
	Jeavis Jenes 360 Whatteebine Way Cost Tallahasses, Ft 32301			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another			
The name and the Florida street address of the s	f			
360 Whether ba	dress (P.O. Box NOT acceptable)			
Talblasses City, State,	FL 32301			
	accept service of process for the above stated limited			

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 Senature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Jenvis T. Jones 360 Whatse bing Way East
MGR	Tallahouse, FL 32301
	Jones Jones 360 Whether bine Way East Tallahasses, FE 32301
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	the date of filing: 2/22/06. (OPTIONAL) the specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	·
Signatura of a mamb	per or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee