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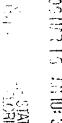
(Requestor's Name)	•
(Address)	•
(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JAN NENELL, 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:	
Ms. JAN NEWELL	
(Name of Person)	
JAN NEWELL, LLC	
(Firm/Company)	
402 DEVON PLACE (Address)) -
HEATHRON FL 32746	る一つ
(City/State and Lip Code)	
For further information concerning this matter, please call:	語句はなる
J.R. HOEFT C PA at (407) 867-0200 (Area Code & Daytime Telephone Number)	U
Enclosed is a check for the following amount:	
A\$\$125.00 Filing Fee & \$\ \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallabassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:			
JAN	NEWELL, LLC			
(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 principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
402 DEVEN PLACE	402 NEVEN PLACE			
HEATHRON, FL 32746	HEATTROW FL 32746			
	50 5			
	gistered Office, & Registered Agent's Signature:			
(the Limited Liability Company cannot serve as in a business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another			
The name and the Florida street address	of the registered agent are:			
TERM	Name Name			
	Name			
499 SR 4	434 K. STE 2029 street address (P.O. Box NOT acceptable)			
Florida	street address (P.O. Box NOT acceptable)			
ALTHUNTES	TRINGSFI 32714 y, State, and Zip			
Cit	y, State, ånd Zip /			
Having been named as registered agent	and to 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 Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	JAN NEWELL 407 DEVON PLACE HENTHEOW. 51 32746
	OS MUR 15
(Use attachment if necessary)	

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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

Signature of a member or an anthorized 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.)

JAN NEWELL

Typed or printed name of signee