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F. PARKER LAWRENCE, P.A.

F. Parker Lawrence, Esq.

ATTORNEY AT LAW

3720 NORTHWEST 43rd STREET - Suite 101
GAINESVILLE, FLORIDA 32606

TELEPHONE (352) 373-4160 FACSIMILE (352) 372-3446

April 7, 2006

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314



To whom it may concern,

Enclosed are cover letters and articles of organization for the two LLCs listed below, along with a check (#3363) for \$250 to pay filing fees for both LLCs:

- 1. JAG-301, LLC; and
- 2. JAG-Wash House, LLC.

Also enclosed are extra copies of the articles for each LLC. Please date stamp the extra copies and return them to me in the enclosed self-addressed-stamped envelope.

Thank you for your help.

Sincerely,

F. PARKER LAWRENCE, P.A.

F. PARKER LAWRENCE

FPL/dc

COVER LETTER

TO: Registration Section Division of Corp					
SUBJECT: JAG-W	ash House, LLC	d Liability Compa	my)		
	(Name of Limited	а главниу Сотра	ny)		
The enclosed Articles of C	Organization and fee(s) are so	ubmitted for filing			ن سنج ت پیسیر
Please return all correspondence concerning this matter to the following:					6
F. Parker I	_awrence, Esq				06 NPR 1 M 10: 52
	(1	Name of Person)			
F. Parker l	awrence, P.A.				į.
<u> </u>	(Firm/Company)			552
2720 NIM	43 Stroot Suite	101			
3/20 197	43 Street, Suite	(Address)			
		, ,			
<u>Gainesvill</u>	e, Florida 3260				
	(City	/State and Zip Code)			
Day formit or in formation on		anll.			
For further information ec	oncerning this matter, please	Cair.			
F. Parker Lawre	ence	at (373-41	60	
(Name o	f Person)	(Area Code	& Daytime T	elephone Number)	•
Enclosed is a check for	the following amount:				
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division C Clifton Bu 2661 Exec	of Corporatio	ns	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	क केंद्र
The name of the Limited Liability Company is:	
JAG-Wash House, LLC	d Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6401 Baker Road	6401 Baker Road
Keystone Heights, Florida 32656	Keystone Heights, Florida 32656
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registal business entity with an active Florida registration.) The name and the Florida street address of the registration. John A. Gray	ered Agent. You must designate an individual or another
Name	
6401 Baker R	oad
	ress (P.O. Box NOT acceptable)
Keystone Heights, City, State, a	_FL32656 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu JOHN	Arau Ire (REQUIRED)
JOHN	1 A. GRAY

(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" = Manaş		Name and Address:	06 NEB 1 1 10:56
"MGRM" = Mar	naging Member		o To
<u>MGR</u>		John a. Gray 6401 Baker Road	— - 9
		Keystone Heights, Florida 32656	
		Reystone Heights, Florida 32000	一
			ري. ري
			<u> </u>
			
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(The ettechnic	(f)		
(Use attachment	ii necessary)		
ARTICLE V. Effective	date if other than the d	ate of filing: date of filing (OPT	CIONALI
		specific and cannot be more than five busine	
to or 90 days after the da		specific and cannot be more than live pusine	as days prior
10 of 70 days after the da	tte or ming.)		
REQUIRED SIG	GNATURE:		
<u>xxxvxxxx</u> ox	or the order.	_	
	4		
		John A Gra	
	Signature of a member	an authorized representative of a member.	
	//	0	
	of this document constitu	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	
	that the facts stated her	ein are true.)	
	lot	nn A. Gray	
		d or printed name of signee	
	-,,,		
riti T- · · ·			

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)