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| (Re | questor's Name) | |
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| | | <u> </u> |
| (Ad | dress) | |
| /// | dress) | |
| (nu | uicss) | |
| (Cit | y/State/Zip/Phone | ¥) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | 9) |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates of | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | 5/3/ |
| | Office Use Only | , 11/8 |



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04/29/05--01026--006 **130.00 .

COVER LETTER

| | ion Section of Corporations | | |
|----------------------|---|---|---|
| SUBJECT: JB | 2LandVest, LLC | | |
| | (Name of Limite | ed Liability Company) | |
| The enclosed Artic | cles of Organization and fee(s) are | submitted for filing. | |
| Please return all co | orrespondence concerning this matt | er to the following: | |
| Jeffrey | Braley | | |
| | | (Name of Person) | |
| | | | |
| | | (Firm/Company) | TALLS |
| <u> 19764</u> | Paddock St | | |
| | | (Address) | 第2 |
| Orland | do, Fl. 32833 | | THE ST |
| | | y/State and Zip Code) | F. |
| For further inform | ation concerning this matter, please | e call: | 7 |
| Jeffrey Bral | | at (407) 568-802 | |
| | (Name of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a che | eck for the following amount: | | |
| \$125.00 Filing | Fee \$\sqrt{2}\$ \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| JBLandVest, LLC. | | COT CO AND |
|--|---|--------------------|
| (Must end with the words "Limited Liability Compar | ny, "Limited Company" or their abbreviation "LLC," | or "L.C.,") |
| ARTICLE II - Address: | | |
| | of the principal office of the Limited Lia | bility Company is: |
| | | 7:0 |
| Principal Office Address: | Mailing Address: | EG B |
| 19764 Paddock St. | 19764 Paddock St. | Signature: |
| Orlando, Fl. 32833 | Orlando, Fl. 32833 | |
| | | 79 |
| business entity with an active Florida registration.) The name and the Florida street address Lewis Oliver | own Registered Agent. You must designate an individe of the registered agent are: | mai of another |
| 2011.0 | Name | |
| | | |
| 20751 SR 520 | | |
| 20751 SR 520 Florida | street address (P.O. Box NOT acceptable) | |
| Florida | street address (P.O. Box NOT acceptable) | |
| Florida Orlando, Fl. 32833 | <u>FL</u> | |
| Florida Orlando, Fl. 32833 | street address (P.O. Box <u>NOT</u> acceptable) FL ty, State, and Zip | |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| MGR Je | effrey Braley |
|---|---|
| 19 | rlando, Fl. 32833 |
| 20 | nnet Bowers 0700 Newby St. rlando, Fl. 32833 |
| 11 | rlando, Fl. 32833 izabeth Braley 9764 Paddock St rlando, Fl. 32833 ick Bowers 0700 Newby St. rlando, Fl. 32833 |
| 20 | ick Bowers 0700 Newby St. rlando, Fl. 32833 |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specit to or 90 days after the date of filing.) | filing: (OPTIONAL) fic and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| (In accordance with section 60) | authorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury e true.) |

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)

Typed or printed name of signee