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(Req	u e stor's Name)	
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SECRETARY OF STATE

106-4730

COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: Jeremi	ah Investments, LLC					
		d Liability Compa	uny)			
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing	ξ .			
Please return all corresp	ondence concerning this matte	er to the following	:			
Joanne Ea	ds					
	(Name of Person)				
Jeremiah l	nvestments LLC					
	((Firm/Company)				
5801 SW	107th St					
		(Address)				
Ocala, Fl.	34476					
	(City	/State and Zip Code)		12	
For further information	concerning this matter, please	call:).LANA	2006 MAY - 1 PM 2: 1	TILL
Joanne Eads		at (352	875-435	2	22	'n
(Name	of Person)	(Area Code	& Daytime T	elephone Number)	FS 3	C
Enclosed is a check for	or the following amount:			·	2: 18 TATE ORNOA	
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155,00 Fi Certified Copy (additional copy)	y	\$160.00 Fili Certificate of S Certified Copy (additional copy is	tatus &	
	Mailing Address		urier Addres	<u>s</u>		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
Jeremiah Investments LLC (Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle o	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5801 SW 107th St	5801 SW 107th St
Ocala, Fl. 34476	Ocala, Fl. 34476
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Joanne Eads Name 5801 SW 107th St Florida street active City. State.	registered agent are: e registered agent are: ddress (P.O. Box NOT acceptable) FL 34476

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 "MGRM" = Managing Member	Name and Address:
MGR	Joanne Eads
	5801 SW 107th St Ocala, Fl. 34476
(Use attachment if necessary)	SECRETAL AHA
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OFTONAL to e specific and cannot be more than five business days
· J	REA TO
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	re Eads
Joan	er or an authorized representative of a member.
Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)