LD6000051960

(Requestor's	Name)	
(Address)		
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(City/State/Z	ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Off	ïcer:	
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SECRETARY OF STATE TALLAHASSEE, FLORID

ACCESS, INC. 236 East 6th Avenue . Tallahas	see, Florida 32303
\	66 or (800) 969-1666 . Fax (850) 222-1666
WALK IN PICK UP:	106 Kinda
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(CORPORATE NAME AND DOCUMENT #)	SE TÀL
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SPECIAL INSTRUCTIONS:

6.

(CORPORATE NAME AND DOCUMENT #)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		ompany is:	
JHH, LLC	imited Lichilles Co	mpany, "Limited Company" or their abbreviation	HICTORIC M
(Must end with the words	сили е а своиму Со	mpany, "Limited Company" or their aborevision	LEC, OI LICI,
ARTICLE II - Add The mailing address		ess of the principal office of the Limite	ed Liability Company is:
Principal Office Ad	dress:	Mailing Address:	
850 Seminole Woods BN	rd	· 850 Seminole Woods Blvd	
Geneva, FL 32732		Geneva, FL 32732	
(The Limited Liability Combusiness entity with an act The name and the Flo	pany cannot serve as ive Florida registrati	ress of the registered agent are:	
		Name	
	50 Seminole W	Voods Blvd	ARY SSEI
_	Flo	rida street address (P.O. Box NOT acceptable	
(0	Seneva	FL 32732	ာ ြင္သ
ح		City, State, and Zip	ATE RID 02
liability company registered agent and statutes relating to	at the place des lagree to act in the proper and	gent and to accept service of process for signated in this certificate, I hereby accept this capacity. I further agree to comply complete performance of my duties, and ition as registered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Separate (REQUIRED)

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

8506687839

The name and address of each Manager	or Managing Member is as follow:	9:
--------------------------------------	----------------------------------	----

Title:	, h. ø	Name and Address:	
	" = Manager M" = Managing Member		
MGRM	•	James H. Hodges	
1010111	<u>. </u>	850 Seminole Woods Blwd	_
		Geneva, FL 32732	_
		Geneva, it. derde	
	•		
	 	The same of the sa	
			
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			<u>. </u>
(Use at	tachment if necessary)	•	
If an effective	Effective date, if other than the date is listed, the date must be fter the date of filing.)	date of filing: (OPT e specific and cannot be more than five busine	TONAL) ss days pri
REOU	IRED SIGNATURE:	ror an authorized representative of a member.	
	Signiture of a member	r ox an emilionizacii kehtesemiatiye uz a member.	
	(In accordance with sec	tion 608.408(3), Florida Statutes, the execution	. 06
	of this document consti	tutes an affirmation under the penalties of perjury	

that the facts stated herein are true.) James H. Hodges

Typed or printed name of signee

Filing Feer:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)