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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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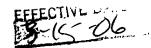


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2006 MAY 17 PH 3: 55
SECRETARY OF STATE
SECRETARY OF STATE

104-53034



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Abraham, Issac, and Jacob, 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:	
Carolyn Wright (Name of Person)	
Abraham, Issac, and Jacob, LLC	
(Firm/Company)	
3426 Madge Street	
(Address)	
Jacksonville, Florida, 32209	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Carolyn Wright at 904 303-5262 至名 号	
(Name of Person) (Area Code & Daytime Telephone Number)	-
Carolyn Wright at (904) 303-5262  (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:	7
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	5
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Abraham, Issac, and Jacob, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
		Enimed Company of their appreviation LEC,		
ARTICLE II - Addre The mailing address ar		the principal office of the Limited Li	ability Company is:	
Principal Office Addı	ess:	Mailing Address:		
3426 Madge Street		3426 Madge Street		
Jacksonville, Fl 32209		Jacksonville, FI 32209		
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Florida registration.) ida street address of Car	tered Office, & Registered Agent's Registered Agent. You must designate an indiverse of the registered agent are:  Olyn Wright Name	vidual or another	
	3426	Madge Street		
	Jackson	eet address (P.O. Box <u>NOT</u> acceptable)  ville, FL 32209  State, and Zip	1006 HAY I 7 PH SECRETARY OF ALLAHASSEE.F	
liability company a registered agent and a statutes relating to ti	t the place designate gree to act in this ca he proper and compl	nd to accept service of process for the ed in this certificate, I hereby accept the apacity. I further agree to comply with ete performance of my duties, and I as registered agent as provided for in Company of the service of the se	above stated limited he appointment as he the provisions of all manuliar with and	

(CONTINUED)
Page 1 of 2

3 (5 06

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	·
Manager(MGR)	Carolyn Wright
	3426 Madge Street
	Jacksonville, Fl 32209
Managing Member	Debra Jackson
	11053 Acorn Park Road
	Jacksonville, Fl 32218
Managing Member	Michael McClennon
•	3426 Madge Street
	Jacksonville, Fl 32209
• • • •	
•	
(Use attachment if necessary)	
TIVE Vs. Effective data if other than the	data of filings May in Zuuh (Outlonia)
effective date is listed, the date must be	
effective date is listed, the date must be	
	date of filing: May 15, 2006 (OPTIONAL e specific and cannot be more than five business days

Signature of a member or an authorized representative of a member.

Carolyn Wright
Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes 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)

that the facts stated herein are true.)