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BIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

EFFECTIVE DATE
101406

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: James Estes (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:	
Imes Estes LLC (Name of Person)	_
James Estes LLC	
3847 matt Wing rd	
Tollo FLA. 3231/ (City/State and Zip Code)	
For further information concerning this matter, please call:	
Shown Endicott at (850) 383-3 (Area Code & Daytime Telephon SO9-0)	322 Ext. 2 ne Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	\$160.00 Filing Fee, tificate of Status & rtified Copy itional copy is enclosed)
Mailing Address Street/Courier Address Projection Section Projection Section	TA(2 C

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

O6 JUN 14 PM 12: 50
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
James Ester	s_LLC
(Must end with the words "Limited Liability Cor	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Trincipal Office Platitess.	Maning Man Cost
	Tall. FLA 323 11

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

S8+5 MaH Wing ref

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

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 LO 1406

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

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

"MGR" = Manager "MGRM" = Managing Member	
_m6Rm	Jomes R. Estes 3847 Math Wing to Toll, FLA 32311
(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing: $6-14-06$. (OPTIONA

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

at the facts stated herein are true.)

Typed or printed name of signe

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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