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2006 JUN -8 P 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

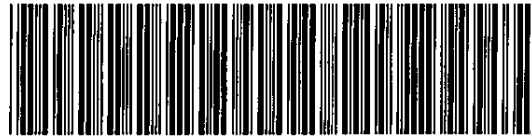
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Arenetta Jacobs Services, LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arenetta Jacobs

(Name of Person)

(Firm/Company)

507 SE 12th Street

(Address)

Gainesville, FL 32041

(City/State and Zip Code)

For further information concerning this matter, please call:

Arenetta Jacobs

(Name of Person)

at ( 352 ) 377-5952

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 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 Address

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is Arenetta Jacobs Services, LLC.

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

507 SE 12<sup>th</sup> Street  
Gainesville, FL 32641

**Mailing Address:**

507 SE 12<sup>th</sup> Street  
Gainesville, FL 32641

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Arenetta Jacobs  
507 SE 12<sup>th</sup> Street  
Gainesville, FL 32641

Having been named as registered agent and to accept service of process for the above state 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

**ARTICLE IV – Manager(s) or Managing Member(s)**

**Title:**

Manager

**Name and Address:**

Arenetta Jacobs  
507 SE 12<sup>th</sup> Street  
Gainesville, FL 32641

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TALLAHASSEE, FLORIDA

**SIGNATURE:**



**Member Signature**

(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.)

Arenetta Jacobs

Typed or printed name of signee