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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MA	JL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE

FFECTIVE DATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Oils And Such L. L. (" (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:	
EZEKIEL HAYNES, Tre. (Name of Person)	
(Name of Person)	
(Firm/Company)	
3404 Hickorynut Street	
JACKSONVILE, FL 32208 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Donothy L. HoynES at 904 768-7795 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & D\\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (additional copy is enclosed)	
Mailing Address Street/Courier Address	

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:
Oils And Such, L.L.C. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3404 Hickonymut St. 3404 Hideorymut St. JACKSONVILLE, FL 32208 JIACKSONVILLE, FL 32208
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:
EZEKIEL HAYNES, JR.
3404 Hickoryhut Street. Florida street address (P.O. Box NOT acceptable)
JACKSOHVILLE, FL 32208 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 (CONTINUED)

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

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

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	SEMUAL MONNYEMENT THE 3404 Hickory nut St. JACKSONVILLE FL 32208
• • • • • • • • • • • • • • • • • • • •	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/24/2006. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Ezakiel Haywes, Jr.
Typed or printed name of signee

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)

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