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ud)	ISINESS Entity Nar	me)	
	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ed Copies Certificates of Status cial Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FINAL



COVER LETTER

TO: •• Registration Section Division of Corporati	ions		
SUBJECT: J. M. Ladd,	LLC		
· · · · · · · · · · · · · · · · · · ·	(Name of Limited	d Liability Company)	•
The enclosed Articles of Organ	nization and fee(s) are su	ubmitted for filing.	
Please return all correspondence	ce concerning this matter	r to the following:	
Jeanne M. Lad			
	1)	Name of Person)	
J. M. Ladd, LLC			
	(1	Firm/Company)	
104 Riverside	Drive, 701C		
		(Address)	
Cocoa, FL 32	2922		
	(City/	State and Zip Code)	
For further information concer	rning this matter, please	call:	
Jeanne M. Ladd		at (321) 504-972	7
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the	following amount:		
	\$130.00 Filing Fee & tificate 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)
Reg Div	illing Address gistration Section vision of Corporations D. Box 6327	Street/Courier Addres Registration Section Division of Corporation Clifton Building	_

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Compan	y is:				
J. M. Ladd, LLC					
(Must end with the words "Limited Liability Company,"	'Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address:					
	he principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
104 Riverside Drive, 701C	104 Riverside Drive, 701C				
Cocoa, FL 32922	Cocoa, FL 32922				
The name and the Florida street address of Robert E. Ladd	the registered agent are: SECRETARY Name 01C				
104 Riverside Drive, 7	O1C et address (P.O. Box NOT acceptable)				
Florida stre	ret address (P.O. Box NOT acceptable) FL 32922 State, and Zip FOR STATE OF STATE				
Cocoa	FL 32922				
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	tate, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all eterperformance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S Signature (REQUIRED)				

(CONTINUED)
Page 1 of 2

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

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

MGRM	_	Jeanne M. Ladd	_
			-
			-
			-
			-
			_
	_		_
			- -
(Use attachment	if necessary)		
CLE V: Effective	date, if other than the	e date of filing: August 1, 2006. (OPTIO	IANC
ffective date is lis I days after the da	ted, the date must i	be specific and cannot be more than five business	days

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.)

Jeanne M. Ladd

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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SECRETARY OF STATE
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