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SECRETARY OF STATE DIVISION OF CORPORATIONS

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TO: Registration Section Division of Corporations J & J HOME SALES, LLC SUBJECT: (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: Mr. J. T. Allen (Name of Person) J & J Home Sales, LLC (Firm/Company) 145 Hankin Road (Address) Bartow, FL 33830 (City/State and Zip Code) For further information concerning this matter, please call: at (863) 537-1155 (Area Code & Daytime Telephone Number) J. T. Allen (Name of Person) Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & ✓ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street/Courier Address**

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
	a Calan III C			
	e Sales, LLC ny, "Limited Company" or their abbreviation "LLC," or "L.C")			
	2,			
ARTICLE II - Address:	Sales university 1 a 60 as a 6 also I incited I inhility Commonwellor			
The mailing address and street address of	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
145 Hankin Road	145 Hankin Road			
Bartow, FL 33830	Bartow, FL 33830			
business entity with an active Florida registration.) The name and the Florida street address	T. Allen			
	Name			
145 H	ankin Road			
Florida	street address (P.O. Box <u>NOT</u> acceptable)			
	Bartow, _{FL} 33830			
Cit	y, State, and Zip			
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S			
Register d Agen	DIVISION OF TABLE 1 OF SECRETARY OF SECRETARY OF SECRETARY OF TABLE 1 OF SECRETARY			

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

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 GRM GRM GRM	J. T. Allen 145 Hankin Road Bartow, FL 33830 Betty Allen 145 Hankin Road Bartow, FL 33830 Jimmy Strickland 145 Hankin Road Bartow, FL 33830	- - - -
GRM	145 Hankin Road Bartow, FL 33830 Betty Allen 145 Hankin Road Bartow, FL 33830 Jimmy Strickland 145 Hankin Road	
	Bartow, FL 33830 Betty Allen 145 Hankin Road Bartow, FL 33830 Jimmy Strickland 145 Hankin Road	
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	145 Hankin Road Bartow, FL 33830 Jimmy Strickland 145 Hankin Road	- -
GRM	Bartow, FL 33830 Jimmy Strickland 145 Hankin Road	-
GRM	Jimmy Strickland 145 Hankin Road	
GRM	145 Hankin Road	

	Bartow, FL 33830	_
		
		-
		_
Jse attachment if necessary)		
	date of filing: (OPTI	
	e specific and cannot be more than five business	s days pr
ays after the date of filing.)		
<u>EQUIRED</u> SIGNATURE:		
	1. 1 allen	
Signature of a member	r or an authorized representative of a member.	
of this document consti	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury serein are true.)	
that the facts stated h		
that the facts stated h	J. T. Allen	
	J. T. Allen ped or printed name of signee	
		06 01V

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)