

106000105224

LEON JACOBS

(Requestor's Name)

P.O. Box 1101

(Address)

(Address)

TALL. FL. 32301

(City/State/Zip/Phone #)

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WILLIAMST JACOBS LLC

(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION OF
WILLIAMS & JACOBS, ATTORNEYS AT LAW,
LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is **Williams & Jacobs, Attorneys At Law, LLC**:

ARTICLE II — Address:

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


1720 South Gadsden Street, MS 14, Suite 201
Tallahassee, Florida 32301

ARTICLE III — Registered Agent and Registered Office

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

Moses Williams
1720 South Gadsden Street, MS 14, Suite 201
Tallahassee, Florida 32301

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 6th day of October, 2006.

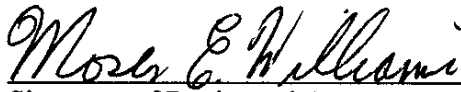

Signature of authorized representative

Moses Williams
1720 South Gadsden Street, MS 14, Suite 201
Tallahassee, Florida 32301

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.



Signature of Registered Agent

Moses Williams
1720 South Gadsden Street, MS 14, Suite 201
Tallahassee, Florida 32301

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