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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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TO NOV -2 AM 11: 46
SECRETARY OF STATE
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Co				•
SUBJI	ECT: Jere B.	Ford, LLC			
		(Name of Limite	ed Liability Compa	any)	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing	g.	
Please	return all corresp	ondence concerning this matte	er to the following	; :	
•	Jack K. Brow	yn, Atty at Law			
		(Name of Person)		
	•				,
		((Firm/Company)		
	1616 16th St	. NW #606			
•			· (Address)		
1	Washington,	DC 20009			
•		(City	/State and Zip Code)	·
For furt	ther information	concerning this matter, please	call:		
Jere E	3. Ford		at (901	569-0888	
	(Name	of Person)	(Area Code	& Daytime T	elephone Number)
Enclose	ed is a check fo	r the following amount:			
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	1	\$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	Registration Division of Clifton Budget 2661 Execution 1	of Corporation	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Jere B. Ford, LLC	10 Table 11 Table 11	I C 2 15		
(Must end with the words "Limited Liability Company, "Limite	ed Company or their appreviation 12.	LC, or	L.C.,)	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited	Liabili	ty Co	mpany is
Principal Office Address:	Mailing Address:			
Las Olas Circle	1 Las Olas Circle		·	_
No. 1504	No. 1504			_
ort Lauderdale, FL 33316	Ft. Lauderdale, FL 33316	5		_
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Ager tered Agent. You must designate an in	it's Sig	or anoth	re: her
The name and the Florida street address of the r	egistered agent are:	SECRI	AON 90	T
Jere B. Ford, Jr.		ZE.	~	CENTS
Name		SSE	-2	£
1 Las Olas Circle, No. 150	04	E.G.		
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	OF STATE E, FLORIDA	94:11 HA	The same of the sa
Fort Lauderdale City, State, a	FL 33316 and Zip	TE.	φ.	
Having been named as registered agent and to	accept service of process for t	he abor	ve sta	ted limited

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 position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er
MGRM -	Jere B. Ford, Jr.
	1 Las Olas Circle #1504
	Ft. Lauderdale, FL 33316
MGRM	Jack K. Brown
	1 Las Olas Circle #1504
	Ft. Lauderdale, FL 33316
	
(Use attachment if necessary)	
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	han the date of filing: (OPTIONAl must be specific and cannot be more than five business de-
days after the date of filing.)	must be specific and cannot be more than five business day
- and a mine mine out thinks,	
REQUIRED SIGNATURE:	
	\

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

ignature of a member or an authorized representative of a member.

that the facts stated herein are true.)

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)