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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





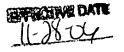
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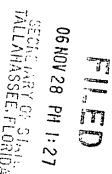
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DIVISION CONSORATION TALLMANDASSES FLORIDA

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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	B.P. Jernic (Name of Limite	A N d Liability Company)		-
The en	closed Articles o	of Organization and fee(s) are s	submitted for filing.		
Please	return all corres	oondence concerning this matte	er to the following:		
	В	rian P. Jerniga	Name of Person)		
	8	.f. Jernigan	(Firm/Company)		
		2694 Broadleaf			·
	_	.			
For fur	ther information	concerning this matter, please	call:	ECHE IAR LLAHASS	10 NON 58
bri	an Jerni	Person)	at (850) 320 (Area Code & Daytime T	- 3434 P	PH 1:2
Enclos	sed is a check f	or the following amount:		DA	7
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	rida 32305 //State and Zip Code) call: at (850) 320 (Area Code & Daytime Total Copy (additional copy is enclosed)	ρ \$160.00 Filing I Certificate of Stat Certified Copy (additional copy is en	Fee, tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
B. P. Jernigan, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2694 Broad Leaf CT. Tallahassee, Florida 32305	2694 Broad-Leaf CT Tallahassee, Florida 32305
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Brian P. Jerni Name	gan
	ess (P.O. Box NOT acceptable)
Tallahassee City, State, an	FL 32300 AFF 80 77 d Zip 28
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	scept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and Fam familiar with istered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	ro (REQUIRED)
Registered Agent's Signatur	c(kedouren)

(CONTINUED)

Page 1 of 2



The name and ad	dress of each Manage	er or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:			
<u>r</u> m∈	<u>ir</u> M	Brian P Jernigan 2694 Broad Leaf G Tallahussee, FL. 3		_ 	
				- -	
				_ _ _	
(Use attachment	f necessary)				
	sted, the date must	date of filing: 11-28-2006 be specific and cannot be more than			
REQUIRED SIG	GNATURE:				
	Signature of a member	or an authorized representative of a member	SECRE	AON 90	
	of this document constituent that the facts stated her	·	ASSEE, F	28 PH	OCCUPATION OF THE PARTY OF THE
	Brian P. Type	Jernigan ed or printed hame of signee	LORIDA	1:2	
Filing Fees:			IIDA	7	
of Regi \$ 30.00 Certifie	ee for Articles of Organi stered Agent d Copy (Optional) ate of Status (Optional)	ization and Designation			

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