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TRANSMITTAL LETTER

	gistration Section vision of Corporations		
SUBJECT:	J.V. of GAINES	VILLE, LLC	
	(Name of Limi	ted Liability Company)	
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this man	tter to the following:	
	NICK M. VENTREL		
		(Name of Person)	
	BUSINESS BOOKKEEPIN	G SERVICE, INC.	
		(Firm/Company)	
	2711 N II 4+5 cmp	EET GUIDE D	
_	2711 N.W. 6th STR	EET - SUITE F (Address)	
	01TVP0VY1VP 00/0	•	
	GAINESVILLE, FL 3260		
	(Ci	ty/State and Zip Code)	
For further in	nformation concerning this matter, pleas	e call:	
	NICK M. VENTRELLA	at (352) 375-27	197
	(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is	a check for the following amount:		
3 \$125.00 F	Filing Fee Status Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	**\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section	MAILING A Registration S	
	Division of Corporations 409 E. Gaines Street	Division of C P.O. Box 632	orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: J. V. of GAINESVILLE, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
					Principal Office Address:	Mailing Address:
					4468 Vienna Woods Way Gainesville, FL 32605	SAME AS PRINCIPAL ADDRESS
The name and the Florida street addres	•					
RAY F. A	Name					
4468 VIENNA WOODS WAY						
Florida street address (P.O. Box NOT acceptable)						
GAINESVIL	LLE FL 32605					
Ci	ity, State, and Zip					
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S					

Registered Agent's Signature RAY F. ALLEN

(CONTINUED)

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

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

<u>itle:</u>	Name and Address:	
AGR" = Manager		
MGRM" = Managing Member		
MGR	Ray F. Allen	
	4468 Vienna Woods Way	
	Gainesville, FL 32605	
MGRM	Jamie R. Allen	
	4468 Vienna Woods Way	
	Gainesville, FL 32605	
MGRM	Pat Amerson	
	144 Louana Cove	
	Hot Springs, Arkansas 71913	
MGRM		
- <u>-</u>	Michael Allen	
	8470 S.W. 10th Place	
	Gainesville, FL 32601	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

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)