

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000288663 3)))



H060002898833A8C8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From

Account Name : A 1 A CORPORATE SERVICES, INC

Account Number : I20010000247 Phone : (800)494-3124

Fax Number : (305) 675-2811

1/Hby OF 6242-

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NORMAN JOKINEN LLC

RECEIVED

96 DEC -5 PM 4: 23

SECRETARY OF STATE
MALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

άò

H06000288663 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

NORMAN JOKINEN LLC

ARTICLE II ADDRESS

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

1258 GREEN VISTA CIR

APOPKA FL 32712

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED

The name and the Florida street address of the registered agent is:

NORMAN JOKINEN 1258 GREEN VISTA CIR APOPKA FL 32712

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's signature / NORMAN JOKINEN

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

H06000288663 3

H06000288663 3

PAGE 2 NORMAN JOKINEN LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

NORMAN JOKINEN

Managing Member: 1258 GREEN VISTA CIR

APOPKA FL 32712

A

SECHETARY OF STATE TALLAHASSEE TO STATE

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.)

NORMAN JOKINEN
Typed or printed name of signee