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SECRETARY OF STATE
ORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

cember 20, 2006

JAMIE POLLARD 6928 HAYTER LANE LAKELAND, FL 33813

SUBJECT: JAGLCO LLC Ref. Number: W06000054558

We have received your document for JAGLCO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 19, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00071966

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: JAGL	CO LLC			
		d Liability Compa	my)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	ŗ.	
Please return all corresp	ondence concerning this matte	er to the following	:	
Jamie Po	llard			200 TA
	(Name of Person)		- F. G F.
JAGLCO	LLC			HAGE T
		(Firm/Company)		HASSEE.
6928 Ha	yter Lane			AM II: I
		(Address)		最后
Lakeland	d, Florida 3381	3		,
	· · · · · · · · · · · · · · · · · · ·	/State and Zip Code)	
For further information	concerning this matter, please	call:		
Jamie Pollard		at (863	688-7691	
	of Person)	(Area Code	& Daytime Telephone Nu	imber)
Enclosed is a check for	or the following amount:			
△\$125:00 Filing-Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy i	Certific s enclosed) Certific	0.00 Filing Fee, ate of Status & ed Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bit 2661 Execution 1	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JAGLCO LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
	•
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
	75. Zan
Principal Office Address:	Mailing Address:
	2R =
6928 Hayter Lane	0920 Hayter Latte
Lakeland, Florida 33813	Lakeland, Florida 33813
	mo =
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ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe	red Agent. You must designate an individual or another.
business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
The hame and the Florida shoot address of the fo	gistored agent are.
Jamie Pollard	
Name	
6928 Hayter Lane	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Lakeland	FL 33813
City, State, an	d Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



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 "MGRM" = Managing Member	Name and Address:		
MGR MGR	Jamie Pollard 6928 Hayter Lane	_	
	Lakeland, Florida 33813		
MGR	Gloria Pollard		
	6928 Hayter Lane		
	Lakeland, Florida 33813	<u> </u>	
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(Use attachment if necessary)		2	
• •	$\alpha \mathcal{U}$		
ARTICLE V: Effective date, if other than the da	ate of filing: (OPT	IONAL)	
(If an effective date is listed, the date must be s	pecific and cannot be more than five busines	ss days prior	
to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
\bigcirc , \bigcirc , \downarrow	D		

Jamie Pollard

Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)