1070000 16251

(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

107-16251 CAL

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT. James	Bonds Sales Cert	tified, LLC.		
50 5 550 1.		I Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
Nechell B	onds			
1400HOR D		Name of Person)		Ē.
	(Firm/Company)	•	•
14557 Br	oadhaven Blvd.			
		(Address)	•	
Orlando,	FL 32828			
	(City,	State and Zip Code)		
For further information of	concerning this matter, please	call:		
Nechell Bonds (Name	of Person)	at (616) 581-30 (Area Code & Daytime To		atracy J
Enclosed is a check for	r the following amount:	· · · · · · · · · · · · · · · · · · ·	12 SSEE	F
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy! (additional copy is enclosed)	
-	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	ons	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
James Bonds Sales Certified, 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 principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
14557 Broadhaven Blvd. Orlando, FL 32828	14557 Broadhaven Blvd. Orlando, FL 32828	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an individ	dual or another
Nechell Bonds	Name	AR TO
		FEB 12 PI
14557 Broadhaver	n BIVO. reet address (P.O. Box NOT acceptable)	ma -
	- · · · · · · · · · · · · · · · · · · ·	SI KIN
Orlando, FL City,	FL 32828 State, and Zip	PMI2: 17 PMI2: 17
registered agent and agree to act in this co statutes relating to the proper and compl	ed in this certificate, I hereby accept the apacity. I further agree to comply with t	e appointment as the provisions of all familiar with and

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>		Name and Address:	
"MGR" = Manage "MGRM" = Mana			
Chief Executive Offi	cer	James Bonds	. <u></u>
•		14557 Broadhaven Blvd.	
		Orlando, FL 32828	
Executive Vice-Preside	nt	Nechell Bonds	
		14557 Broadhaven Blvd.	
		Orlando, FL 32828	
			
	·		 . ,
			
			
(Use attachment if LE V: Effective d fective date is liste	ate, if other than the	e date of filing:	. (OPTIONAL ousiness days
LE V: Effective d	ate, if other than the ed, the date must I te of filing.)	e date of filing:be specific and cannot be more than five b	. (OPTIONAL pusiness days
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