

LO7000016406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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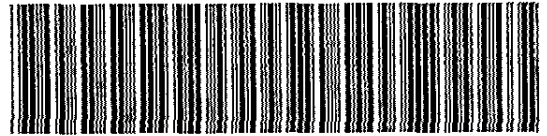
(Business Entity Name)

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LO7-16406
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2-15-07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2007

WILLIE NIXON
PO BOX 622797
OVIEDO, FL 32762-2797

SUBJECT: MY-JO JGN, INC.
Ref. Number: W07000005482

Your document is being returned as requested.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 307A00007899

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TALLAHASSEE, FL 32301

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joanne G. Nixon MGR
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne G. Nixon

(Name of Person)

My-Jo JGN, LLC

(Firm/Company)

Post Office Box 622797

(Address)

Oviedo, Florida 32762-2797

(City/State and Zip Code)

2007 FEB 12 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Joanne G. Nixon

(Name of Person)

at (407) 977-3854

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$72.50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My-Jo JGN, 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 Liability Company is:

Principal Office Address:

2235 Oak Shadow Court

Oviedo, Florida 32766

Mailing Address:

Post Office Box 622797

Oviedo, Florida 32762-2797

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Joanne G. Nixon

Name

2235 Oak Shadow Court

Florida street address (P.O. Box **NOT** acceptable)

Oviedo, Florida 32766

FL

City, State, and 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..

Joanne G. Nixon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2-15-07

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Joanne G. Nixon MGR

P.O. Box 622797

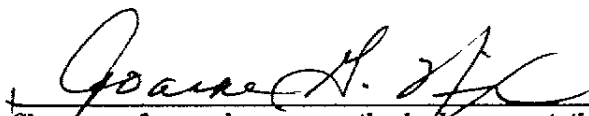
Oviedo, Florida 32762-2797

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 15, 2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Joanne G. Nixon MGR

Typed or printed name of signer

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA