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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IS A Ac Tone & L.L.C. (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:	
ISAAC Jones	
(Name of Person)	OT FF
(Firm/Company)	TO B
UI 55 Dar By Dr (Address)	ARY ASSET
(Address)	
Tall, F1, 32305	OR
(City/State and Zip Code)	Dr.
For further information concerning this matter, please call:	
TSAAc Jenes at (850) 504-9 (Name of Person) (Area Code & Daytime T	845   elephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & Certificate of Status 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
TSAAC VONES V.V.C (Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12155 Darby Dr Tall, Fl, 32305	SAME -
- 1 ·- 1	egistered agent are:  Registered agent are:

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Man	Name and Address:
"MGRM" = Managing Mem	iber
Marin	ISAAC Jones
	4156 Darby Or
	-18/11/12/V5
	· <u> </u>
•	
(Use attachment if necessary)	)
•	•
LE V: Effective date, if other fective date is listed, the date	than the date of filing:(OPTIO
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE  Signature of	than the date of filing:  e must be specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be more

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: