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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

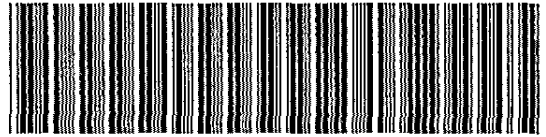
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR -6 AM 10:56

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DUNLAP, TOOLE, SHIPMAN & WHITNEY, P.A.
LAWYERS

DAVISSON F. DUNLAP, JR.
DANA G. TOOLE
GARY A. SHIPMAN
WILLIAM E. WHITNEY

2065 THOMASVILLE ROAD, SUITE 102
TALLAHASSEE, FLORIDA 32308
PHONE: 850-385-5000
FACSIMILE: 850-385-7636

1414 CO. HWY SOUTH, UNIT B
SANTA ROSA BEACH, FLORIDA 32459
PHONE: 850-231-3315
FACSIMILE: 850-231-5816

DAVISSON F. DUNLAP, III
DAVID H. MILAM

DAVISSON F. DUNLAP, Of
Counsel

Reply To: Santa Rosa Beach
Address

March 2, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization for JCAMES, LLC

Please find attached the Original and one copy of the Articles of Organization for filing along with the check no. 3926 for \$155.00 for the filing fee.

Sincerely,


Michelle Stanley

Attachment (1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCAMES, LLC

(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:

Gary A. Shipman, Esquire

(Name of Person)

Dunlap, Toole, Shipman & Whitney, P.A.

(Firm/Company)

1414 Co. Hwy. 283 South, Suite B

(Address)

Santa Rosa Beach, Florida 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary A. Shipman, Esquire

(Name of Person)

at (850) 231-3315

(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 &
Certificate of Status
(additional copy is enclosed)

☐ \$160.00 Filing Fee &
Certificate of Status &
Certificate of Status
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JCAMES, 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:

1639 Walton Road
DeFuniak Springs, FL 32433

Mailing Address:

Post Office Box 950
DeFuniak Springs, FL 32435

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:

Gary A. Shipman, Esquire

Name

1414 Co. Hwy. 283 South, Suite B

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

Santa Rosa Beach FL 32459

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGR"

Joan C. Earley

Post Office Box 950

DeFuniak Springs, FL 32435

MGRM

Annisia M. Stanley

88 Officers Lane

DeFuniak Springs, FL 32433

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Annisia M. Stanley

Typed or printed name of signee

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)