

L07000029900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

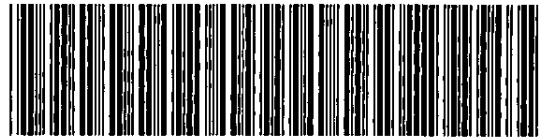
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TALLAHASSEE, FLORIDA

*Leenette W. McMillan*

Attorney-at-Law

Post Office Box 1388  
Mayo, Florida 32066

Phone: 386-294-1688  
Fax: 386-294-1689

March 15, 2007

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: JoLee Quilt Shop, LLC.

Dear Sir or Madam:

Enclosed for processing are an original and copy of the Articles of Organization for the above referenced LLC, together with a check in the amount of \$125.00 to cover the necessary charges.

If you have any questions, please feel free to contact my office. Thank you for your courtesy and assistance in this matter.

Very sincerely yours,



Leenette W. McMillan

LWM:mw  
Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
JOLEE QUILT SHOP, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be **JOLEE QUILT SHOP, LLC**.

**ARTICLE II - ADDRESS**

The mailing address of the Limited Liability Company is 5739 West US Highway 27, Mayo, FL 32066.

The street address of the principal office of the Limited Liability Company is 5739 South Fletcher Avenue, Mayo, FL 32066.

**ARTICLE III - PURPOSE**

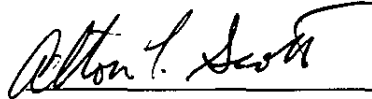
The purpose for which this Limited Liability Company is organized is: Any and all lawful business.

**ARTICLE IV - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida are  
ALTON L. SCOTT, 5739 West US Highway 27, Mayo, Florida 32066.

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



ALTON L. SCOTT, Resident Agent

#### ARTICLE V – MANAGER(S) OR MANAGING MEMBER(S)

The name and address of managing members/managers are:

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGRM

ALTON L. SCOTT  
5739 West US Highway 27  
Mayo, FL 32066

MGRM

JO ANN SCOTT  
5739 West US Highway 27  
Mayo, FL 32066

MGRM

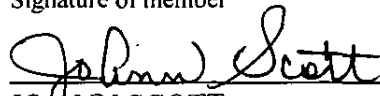
LEE ANN COLEMAN  
315 SW Edison Road  
Mayo, FL 32066

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

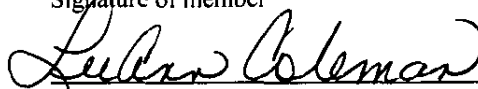
IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Mayo, Lafayette County, Florida, on March 15, 2007.



ALTON L. SCOTT  
Signature of member



JO ANN SCOTT  
Signature of member



LEE ANN COLEMAN  
Signature of 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.)

STATE OF FLORIDA  
COUNTY OF LAFAYETTE

Sworn to and subscribed before me this March 15, 2007, by **ALTON L. SCOTT**, who is

\_\_\_ personally known to me, OR X produced identification.

Type of identification produced: Florida DL

Heather Kirby  
Notary Public -- State of Florida  
[SEAL]



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2007 MAR 19 P 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF LAFAYETTE

Sworn to and subscribed before me this March 15, 2007, by **JO ANN SCOTT**, who is

\_\_\_ personally known to me, OR X produced identification.

Type of identification produced: Florida DL

Heather Kirby  
Notary Public -- State of Florida  
[SEAL]



STATE OF FLORIDA  
COUNTY OF LAFAYETTE

Sworn to and subscribed before me this March 15, 2007, by **LEE ANN COLEMAN**, who is

\_\_\_ personally known to me, OR X produced identification.

Type of identification produced: Florida DL

Heather Kirby  
Notary Public -- State of Florida  
[SEAL]

