L07000035128

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Jessica Anne Decb, 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: |
| Jessica Deels (Name of Person) |
| • |
| Jessica Anne Deeb, LLC (Firm/Company) |
| (Firm/Company) |
| 8921 Tennis Ct (Address) |
| (Address) |
| New Port Richey FL 34655 (City/State and Zip Code) |
| (City/State and Zip Code) |
| |
| For further information concerning this matter, please call: |
| Jessice Deeb at (727) 808-4818 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \tag{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address Street/Courier Address Registration Section Registration Section |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



March 21, 2007

JESSICA DEEB 8921 TENNIS COURT NEW PORT RICHEY, FL 34655

SUBJECT: JESSICA ANNE DEEB, LLC

Ref. Number: W07000013942

We have received your document for JESSICA ANNE DEEB, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 307A00019625

Leslie Sellers Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | ΓI | CL | Æ | I | _ | N | aı | m | e | |
|---|---|----|----|---|---|---|---|----|---|---|--|
|---|---|----|----|---|---|---|---|----|---|---|--|

The name of the Limited Liability Company is:

Jessice Anne Deeb, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

| 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: | | | | | |
| Alex Deeb | | | | | |
| Name | | | | | |
| 9400 River Crossing Blvd, Suite 102 | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| New Port Richen, FL 34655 | | | | | |

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 2001 APR -2 AM II: 29
SECRETARY OF STATE
TALLAHASSEE

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: | | | | | |
|---|---|--|--|--|--|--|
| "MGRM" = Managing Member MGR | Lessica Deeb 8921 Tennis Ct New Port Richey, FL 34655 | | | | | |
| | , | | | | | |
| | | | | | | |
| | | | | | | |
| (Use attachment if necessary) | | | | | | |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.) | e of filing: (OPTIONAL) ecific and cannot be more than five business days prior | | | | | |
| 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.)

Jessica Anne Deels
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)

Page 2 of 2

2007 APR -2 AM II: 29
SECRETARY OF STATE

ARTICLE V: 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.

Articles of Organization must be executed by at least one member or authorized representative of a member, and the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

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)

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fees and any optional certificate or copy.

A cover letter containing your name, address and daytime telephone number should be submitted along with the articles of organization and the check. The mailing address and courier address are:

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 245-6051

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

SECRETARY OF STATE