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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	- #
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JDH Roperty S	Du Hons Liability Company)
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Catherine Hubber	+
(N	Name of Person)
JDH Moperty So	UHOUS Firm/Company)
1611 Oransto. Book	T.
1011 /10/10/0 /104	(Address)
Majfland FL 3	2751
/ (City/s	State and Zip Code)
For further information concerning this matter, please of	call:
Catherino Hubbert	at (407) 415-4993
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	2007 L FR
\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (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 - Nan	ıe:
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The name of the Limited Liability Company is:

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

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 S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Compose Rd.	ZOOT JUL -5 PM SECRETARY OF STANLEY HASSEE FL

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):

Title:

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

"MGR" = Manager "MGRM" = Managing Member	<u> </u>
MSR	Catherina flubbert
	Martana, F1 32751
MGRM	John Hubbert (son)
	May 1900, FL 32751
 	
(Use attachment if necessary)	
	till 2 200 7 (00000000)

Name and Address:

ARTICLE V: Effective date, if other than the date of filing: 400 f. (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.)

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)