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(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

007 JUL 10 AM 10: 5

COVER LETTER

TO: Registration Se Division of Co.			
SUBJECT: Jaycon	re, LLC.		
Sobseci.	(Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Gary Corr	nelius		
	(1	Name of Person)	
Jaycore, l	LC.		
	(Firm/Company)	
14509 Fe	enny Court		
		(Address)	
Jackson	/ille, FL 32256		
 	(City.	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Gary Cornelius	;	at (904) 477.880 (Area Code & Daytime T	04
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fce	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 Corporatio Clifton Building 2661 Executive Center	ns · Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2007

GARY CORNELIUS 14509 FENNY COURT JACKSONVILLE, FL 32256

SUBJECT: JAYCORE, LLC Ref. Number: W07000027392

We have received your document for JAYCORE, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

Leslie Sellers Document Specialist

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Letter Number: 607A00039118

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Jaycore, LLC. (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company,	
(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	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13820 Old St. Augustine Road, Suite 113-294	13820 Old St. Augustine Road, Suite 113-294
Jacksonville, FL 32258	Jacksonville, FL 32258
tenders and the second and the seco	
The name and the Florida street address of the r Gary Cornelius	registered agent are:
Name	
14509 Fenney Court	
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
Jacksonville,	_{FL} 32256
City, State, &	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

PILLU
2007 JUL 10 AM 10: 59
SECRETARY OF STATE

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Byron Jay	
	4620 Sunbeam Station Court	
	Jacksonville, FL 32257	
MGRM	Gary Cornelius	
	14509 Fenney Court	
	Jacksonville, FL 32256	_
MGRM	Evonya Cornelius	
	14509 Fenney Court	
	Jacksonville, FL 32256	
MGRM	Dorinda Geans	
	4620 Sunbeam Station Court	
	Jacksonville, FL 32257	
MOLANI	4620 Sunbeam Station Court	

(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.)

Byron Jay

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)

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