1070000 73700

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status



000106157550

07/16/07--01051--013 **125.00

07 JUL 16 PM 2: 48
SECREPARY OF STATE
SECREPARY OF STATE
FLORIDA

Office Use Only

* INFORMATION *

EVAN J. ROBERTS

3016 HAMMERSMITH Rd.

ORlANDO, FL

32818

(317) 937-0712

Signature_

FILED
OT JUL 16 PM 2: 48
SECRETSEE OF STATE
SECRETSEE OF FLOADS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Jummus Mobile Vending L. 2. C (Must end with the words "Limited Liability Company, "L. 1. C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5740 SHENANDOAH WY. ORLANDO, FL 32807 32808 32808
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:
The name and the Florida street address of the registered agent are:
Florida street address (P.Q. Box NOT acceptable)
ORIANDO FL FL 32822 City, State, and Zip
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 agregistered agent as provided for in Chapter 608, F.S

Researced Agent's Signature (REQUIRED)

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

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

"	<u>Citle:</u> MGR" = Manager MGRM" - Managing	Mambar	Name and Address:		•
_	$\frac{MGRM'' = Managing}{MGR}$	Member	EVAN J. Roberts		
•					
_		١.			
, 					. `
	Use attachment if nece	•	TI OF SO THE PERSON AND SO THE	07 JUL 16	FILE
(If an effe	E V: Effective date, if ective date is listed, the lays after the date of f	e date must be sp	e of filing: <u>July 07, 2007</u> . (OPTION becific and cannot be more than five business da	AL)P lys 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.)

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)