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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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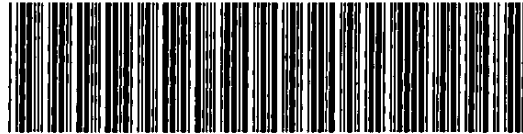
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JB

## TRANSMITTAL LETTER

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT:JSW CLOSING SERVICES LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

JSW CLOSING SERVICES LLC  
C/O JOHN S. WELCH  
1975 BARR STREET  
MERRITT ISLAND, FL 32952

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

JOHN S. WELCH (321-453-5206)

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

( ) \$125.00 FILING FEE	(X) \$130.00 FILING FEE & CERTIFICATE OF STATUS	( ) \$155.00 FILING FEE & CERTIFIED COPY*	( ) \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY*
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\*(ADDITIONAL COPY ENCLOSED)

### STREET ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL 32399

### MAILING ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1- NAME**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**JSW CLOSING SERVICES LLC**

**ARTICLE II - ADDRESS**

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

**PRINCIPAL OFFICE ADDRESS**

1975 BARR STREET  
MERRITT ISLAND, FL 32952

**MAILING ADDRESS**

SAME

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

JOHN S. WELCH

1975 BARR STREET

MERRITT ISLAND, FL 32952

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 AGENTS SIGNATURE

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**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR"= MANAGER

"MGRM"= MANAGING MEMBER

MGR

JOHN S. WELCH  
1975 BARR STREET  
MERRITT ISLAND, FL 32952

MGRM

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NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

**REQUIRED SIGNATURE:**

x 

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.)

JOHN S. WELCH  
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)