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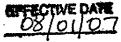
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SECRETARY OF STATE CORPORATIONS

## **COVER LETTER**

	tration Section on of Corporations	
SUBJECT:	JPS Digital LLC (Name of Limited Liability Company)	
Scheet.	(Name of Limited Liability Company)	
The enclosed	articles of Organization and fee(s) are submitted for filing.	
Please return	ll correspondence concerning this matter to the following:	
	Susan Janicki (Name of Person)	
_		
	JPS Digital (Firm/Company)	
	(Firm/Company)	D. J.
	P.O. Box 89474 (Address)	7 JUL 30
	(Address)	0 077
	Tampa FL 33689 (City/State and Zip Code)	AM IO 53
<del> </del>	(City/State and Zip Code)	53
For further in	ormation concerning this matter, please call:	<b>U</b>
Sus	Name of Person)  at (813 ) 600 - 3077  (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
	check for the following amount:	
⊒\$125.00 Fi	ng Fee \$\frac{1}{3}\$130.00 Filing Fee & \$\frac{1}{3}\$155.00 Filing Fee & \$\frac{1}{3}\$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	itus &
	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	

RITCLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name: The name of the Limited Liability Company is:	T JUL 30
JPS Digital LLC (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	م incipal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
4860 S. Harsh Hawk Terr. Inverness, FL 34452	P.O. Box 89474 Tampa FL 33689
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
he name and the Florida street address of the re	egistered agent are:
Susan Jar	nicki <u>08/01/0</u>
Name	——————————————————————————————————————
4860 S. Ma Florida street addr	rsh Hawk Terr, ress (P.O. Box <u>NOT</u> acceptable)
Inverness City, State, an	FL 3445.2 nd Zip
	accept service of process for the above stated limite his certificate, I hereby accept the appointment as

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)

## 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 "MGRM" = Managing Member	Name and Address:
MGRM	Susan Janicki 4860 S. Marsh Hawk Terr. Inverness, FL 34452
	DIVISE TO THE PARTY OF THE PART
	JUL 30 AM
	PF STATE WS
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: Aug. (2007. (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Lili
Signature of a member	or an authorized representative of a member.
	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

Susan Janicki

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)