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COVER LETTER

Division of Corporations				
SUBJECT: Jason's Martin'i Club, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
- Kathy J. Woodward (Name of Person)				
(Name of Person)				
Exact Plumbing Try (Firm/Company)				
400 S. Sanford Avenu				
(Address)				
Santord, Phrida 32771				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Kathy J. Woodward at (407) 688.2317 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
ρ \$125.00 Filing Fee & ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & Certificate of Status ρ \$155.00 Filing Fee & Certificate of Status ρ \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (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 - Name:			
The name of the Limited Liability Company is:			
Tason's Martini Club 1 (Must end with the words "Limited Liability Company, "Limited	ed Company" or	their abbreviation "	LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal offic	e of the Limited	d Liability Company is:
Principal Office Address:	Mailing A	Address:	
300 S. Sanford Avenu Sanford, Gorda 32771	<u>v</u>	11	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re Kathy J. Woo	egistered ag	ent are:	
400 S. Sonford Florida street add	_	X <u>NOT</u> acceptable))
City, State, a	nd Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete and accept the obligations of my position as registered.	his certificat ity. I further e performan	te, I hereby acce cagree to compl ce of my duties,	ept the appointment as ly with the provisions of and I am familiar with
Registered Agent's Signat	ŭre (REQUIR	ED)	2007 SEP -4 SECRETARY TALLAHASS
(CONTIN	·		L PH 3: 55 AY OF STATE SEE, FLORIDA
Page 1 of 2	4		∑" თ

'ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

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)