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(Re	questor's Name)	
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Statement of Intentions.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Josef Schneider 3826 Pioneer Trails St. Lakeland, FL 33810

October 9, 2007

Dear Sirs,

I am applying for a registration of an LLC company with a name previously used by me for a now dissolved corporation.

This company, JS Info & RE Investments, Inc., did not conduct any business since its establishment and was dissolved for a lack of funds.

As a previous owner I have no intention to reinstate this corporation again. Therefore there should not be any obstacle for using this name for the new LLC Company.

Sincerely,

Josef Schneider

COVER LETTER

Division of Corporations
SUBJECT: JS INFO & RE INVESTMENTS, 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:
JOSEF SCHNEIDER (Name of Person)
(Name of Person)
JSINFO & RE INVESTMENTS LLC. (Firm/Company)
(Firm/Company)
3826 PIONEER TRAILS ST. (Address)
(Address)
LAKELAND, FL 33810 - 3503 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSEF SCHNEIDER at (863) 853-5953 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee, Certificate of Status \\ (additional copy is enclosed) \\ (additional copy is enclosed) \\ (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:	
JS INFO & RE INVE. (Must end with the words "Limited Liabili	STMENTS LLC. ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1826 PIONEER TRAILS ST. LAKELAND, FL 33810-3503	POBOX 46 KATHLEEN FL 33849
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	egistered agent are:
JOSEF SCHNE Name	DER
	ress (P.O. Box NOT acceptable)
LAKELAND City, State, as	FL 33 8/0 - \$5 - 0 3 and Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (REQUÍRED)
(CONTINU Page 1 of 2	

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

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

"MGR" = Manager		Name and Address:
"MGRM" = Manag		
	ing Memoer	
MGR		JOSEF SCHNEIDER 3826 PIONEER TRAUS ST LAKELAND, FL 33810-35-03
	-	3826 PLONEER TRAUS ST
		LAKELAND, FL 33810-35-03
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Use attachment if	necessary)	
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LE V: Effective da	te, if other than the d	late of filing: (OPTIONA
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Page 2 of 2

\$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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