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SECRETARY OF STATE
PALLAHASSEE, FLORIO

AL

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: AJ UNLIMITED (Name of Limited Liability Company)	
The er	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	RicHARD W. FRICK (Name of Person)	
	(Name of Person)	
	(Firm Company)	
	11406 HERITAGE WAY	
	(Address)	
	11406 HERITAGE WAY (Address) (Address) (City State and Zip Code) (City State and Zip Code)	
	(City State and Zip Code)	_
For fu	ther information concerning this matter, please call: City State and Zip Code City State an	
R	(Name of Person) at (727) 735-13 % No. (Area Code & Daytime Telephone Number) W	C
	> ω	
	sed is a check for the following amount:	
 \$125.	00 Filing Fee \$\begin{align*} \text{\$130.00}\$ Filing Fee & \$\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee FL 32314 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:

RJ UNLIMITE (Must end with the words "Limited Liability)	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11406 HERITAGE WAY LARGO FG 33778	11406 HERITAGE WAY LARGO FC, 33778
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	
RICHARD W	FRICK PS =
TAMINO	ERITAGE WAY AND ACCEPTABLE SEE (P.O. Box NOT acceptable)
Florida street addre	ess (P.O. Box NOT acceptable) SR N
City, State, an	FL 33778 FS T
Having been named as registered agent and to ac liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for Exbove stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S.
Registered Agent's Signatu	re(REQUIRED)

(CONTINUED)
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