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(City/State/Zip/Phone #)	10/29/0701038017 **125.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2007 OCT 29 PM 2: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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HAYWARD & GRANT, P. A. Attorneys at Law 2121-G Killarney Way Tallahassee, Florida 32309

JOHN A. GRANT BLAKE HAYWARD* TOM R. HAYWARD** DANIELLE JOYNER KELLEY KIMBERLY L. KING EDWARD W. WOOD *Master of Laws in Taxation *Of Counsel TELEPHONE (850) 386-4400 FACSIMILE (850) 386-7444

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October <u>19</u>, 2007

TO: Registration Section Division of Corporations

SUBJECT: JAS KILLEARN, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly L. King HAYWARD & GRANT, P.A. 2121-G Killarney Way Tallahassee, FL 32309

For further information concerning this matter, please call:

Kimberly L. King at (850) 386-4400

Enclosed is a check for the following amount: \$125.00 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF JAS KILLEARN, LLC

ARTICLE I - NAME

The name of the limited liability company is JAS KILLEARN, LLC ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6753 Thomasville Road Tallahassee, Florida 32312 Mailing Address:

6753 Thomasville Road Tallahassee, Florida 32312

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

The name and the Florida street address of the registered agent are:

Blake Hayward 2121-G Killarney Way Tallahassee, Florida 32309

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.

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

<u>Title</u>: "MGR" = Manager "MGMR" = Managing Member

MGR

Name and Address:

John Schrowang 6753 Thomasville Road, Ste. 311 Tallahassee, Florida 32312

REQUIRED SIGNATURE:

Signature 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 Schrowang Typed or printed name of signee

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\\Kimking01\kim clients\SCHROWANG, JOHN\Articles of Organization (LLC) wpd