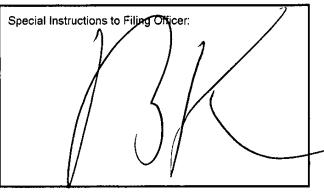
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status



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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 OTHOLOUS INTERPRETATION OF STATE FILING COVER SHEET ACCT. #FCA-14 **CONTACT: ASHLEY SMITH** DATE: 11-08-2007 **REF. #:** 001260.77225 CORP. NAME: JASON HARRIS, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY () REINSTATEMENT () WITHDRAWAL () MERGER () CERTIFICATE OF CANCELLATION () OTHER:

STATE FEES PREPAID WITH CHECK# 55972 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

______ COST LIMIT: \$_____

PLEASE RETURN:

() CERTIFIED COPY	() CERTIFICATE OF GOOD STANDING
•	-	

(XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

OT NOV 14 PM 3: ,

DEPARTMENT OF STATE
OVISION OF CORPORATIONS
TALL AHASSEE FLORIDA

ALLAHASSEE FLORIDA

A

November 8, 2007

ASHLEY SMITH CORPDIRECT AGENTS TALLAHASSEE, FL

SUBJECT: JASON HARRIS, LLC Ref. Number: W07000055278

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

We have received your document for JASON HARRIS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

PLEASE GIVE TRICNUMBER WORLD A 00065126 DATE AS FILE DATE.

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

	, ,	
	ARTICLES OF O	
F	LORIDA LIMITED LI	IABILITY COMPANY
ARTICLE I - Name:		ALCON ON THE
The name of the Limited	Liability Company is:	THE STATE OF THE S
	J. HARRIS & BO	YS, LLC
ARTICLE II - Addres		0.77
The mailing address and	d street address of the princi	ipal office of the Limited Liability Company is:
rincipal Office Addre	εs:	Mailing Address:
601 5/w Lon	ghorn Dr	601 5/w Longhorn Dr
Onk Grove,	mo 64075	Oak Grove, MD 64075
,		
		ffice, & Registered Agent's Signature:
The name and the Florid	da street address of the regis	stered agent are:
·	Michael A. Soros	
	Name	
	5453 N. 59 Street	
F	lorida street address (P.O. l	Box NOT acceptable)
	Tampa, FL. 33610	
	City, State, and 2	Zip

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	IV - Manager(s) or Managing Member(s ad address of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = 1	Name and Address: Manager Managing Member
MGRM	Jason Harris 601 Longhorn Dr Dak Grove, MO 64075
(Use attachi	ment if necessary)
	additional article must be added if an effective date is requested. D 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.)
	Jason Harris
	Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)