

10700115358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

107-54285

DB

Office Use Only



100111426591

11/01/07--01044--014 **125.00

FILED
07 NOV 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HANNAH JONES GROUP
(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:

Akeisha Pagan

(Name of Person)

THE HANNAH JONES GROUP dba THJG, LLC

(Firm/Company)

195 Station Street

(Address)

Altamonte Springs, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

Akeisha Pagan

(Name of Person)

at (321) 439-0217

(Area Code & Daytime Telephone Number)

FILED
RECEIVED
07 NOV 15 PM 3:50
FLORIDA
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2007

AKEISHA PAGAN
195 STATION STREET
ALTAMONTE SPRINGS, FL 32701

SUBJECT: THE HANNAH JONES GROUP DBA THJG, LLC
Ref. Number: W07000054285

07 NOV 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for THE HANNAH JONES GROUP DBA THJG, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 007A00064136

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE HANNAH JONES GROUP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

195 Station Street
Altamonte Springs, FL 32701

Mailing Address:

195 Station Street
Altamonte Springs, FL 32701

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carlton D. Jones

Name:

195 Station Street

Florida street address (P.O. Box NOT acceptable)

Altamonte Springs, FL 32701

City, State, and 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, F.S.

07 NOV 15 PM 3:50
TAMPA
CARLTON D. JONES
ALTAMONTE SPRINGS, FLORIDA

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Carlton D. Jones

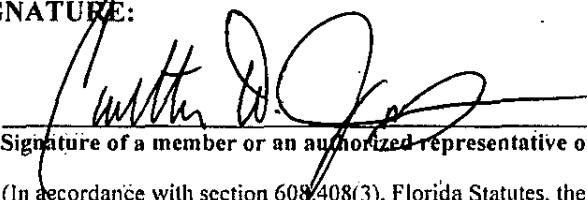
195 Station Street

Altamonte Springs, FL 32701

(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.)

CARLTON D. JONES

Typed or printed name of signee

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)

07 NOV 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED