## 107000118132

| (Requestor's Name)                      |             |
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| (Address)                               |             |
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| (Address)                               |             |
|   |             |
| (City/State/Zip/Phone                   | #)          |
|   |             |
| PICK-UP WAIT                            | MAIL        |
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|   |             |
| (Business Entity Nam                    | e)          |
|   | ,           |
| (Document Number)                       | <del></del> |
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| Certified Copies Certificates           | of Status   |
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| Special Instructions to Filing Officer: |             |
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

| Division of Co            |   |  |  |
|---------------------------|---|--|--|
| SUBJECT:                  | JOGQUEST,   | .com LLC   |  |
|                           | (Name of Limited L  | iability Company)  |  |
| The enclosed Articles of  | of Organization and fee(s) are subn   | nitted for filing.   |  |
| Please return all corresp | pondence concerning this matter to  | the following:   | •  |
|                           | MUNHOL  | WHITE  |  |
|                           |   | ne of Person)  |  |
|                           | (Firr   | n/Company)   |  |
|                           | ZOTO NAM  | A A  |  |
|                           | 3050 DAY  | Address)   |  |
|                           |   | FL 3313  |  |
|                           |   | te and Zip Code)   |  |
|                           | (Only Du  | to and Esp code)   |  |
| For further information   | concerning this matter, please call   | :  |  |
| Johnny                    | White   | (Area Code & Daytime Te  | -4020  |
| (Name                     | of Person)  | (Area Code & Daytime Te  | lephone Number)  |
| Enclosed is a check for   | or the following amount:  |  |  |
| \$125.00 Filing Fee       |   | 6155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is renclosed) |
|                           | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301 | ्र<br>इ  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is  | s:   |
|---|--|
|   |  |
| JOG QUEST, (Must end with the words "Limited Lial   | COM LLC  |
| (Must end with the words "Limited Liab  | bility 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:   | Mailing Address:   |
| 3USU DAY AVE  | 3050 DAY AVE   |
| 3050 DAY AUE<br>MIAMI FC 33133  | MIAMI FC 33133   |
|   |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)                             |  |
| The name and the Florida street address of the  | e registered agent are:  |
| ) phung 1   | white  |
| Nam   | ge   |
| 3050 D  | MY AUE   |
|   | address (P.O. Box NOT acceptable)  |
| MIAM  | 1 FL 33133<br>e, and Zip   |
| City, State   | , and Zip  |
| liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg | o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.  Again the provided for the provision of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.  Again the provided for the above stated limited and this certificate, I hereby accept the appointment as either the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S. |

(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:

| "MGR" = Manag  | Name and Address: er   |                                 |   |
|--|--|---------------------------------|---|
| "MGRM" = Man   |  |                                 |   |
| MOR  | JOHNMY WHITE  3050 DAY AUE  MIAMI FZ 33133   |                                 |   |
|  | 3050 DAY AVE   | <del></del>                     |   |
|  |  | <u> </u>                        |   |
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| effective date is list   | late, if other than the date of filing: (OP) ed, the date must be specific and cannot be more than five busine   |                                 | )r  |
| ICLE V: Effective of   | late, if other than the date of filing: (OPT ed, the date must be specific and cannot be more than five busine te of filing.)  |                                 | or  |
| ICLE V: Effective of effective date is list 90 days after the da | late, if other than the date of filing: (OPT ed, the date must be specific and cannot be more than five busine te of filing.)  |                                 | or  |
| ICLE V: Effective of effective date is list 90 days after the da | 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   |                                 |   |
| ICLE V: Effective of effective date is list 90 days after the da | 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.) | ess days pri SECRETAR TALLAHASS | or or other |
| CLE V: Effective of effective date is list 00 days after the da  | 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.) | sess days pri                   | - Mac   |