

LD7000124223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

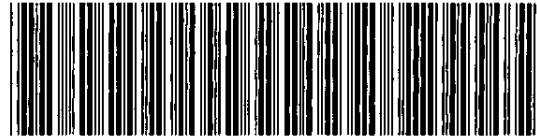
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Handwritten signature
12/15

~~LD757195~~

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMJAC, LLC

(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:

Tim Price

(Name of Person)

TAMJAC, LLC

(Firm/Company)

P. O. Box 21622

(Address)

St. Petersburg, FL 33742

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Price

(Name of Person)

at (**727**) **698-7262**

(Area Code & Daytime Telephone Number)

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 21, 2007

TIM PRICE
P.O. BOX 21622
ST PETERSBURG, FL 33742

SUBJECT: TAMJAC, LLC
Ref. Number: W07000057195

We have received your document for TAMJAC, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 407A00066874

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAMJAC, 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:

Mailing Address:

Tim Price

~~P. O. Box 21622~~

St. Petersburg, FL 33742

781 69th Ave. S.

Tim Price

P. O. Box 21622

St. Petersburg, FL 33742

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:

Tim Price

Name

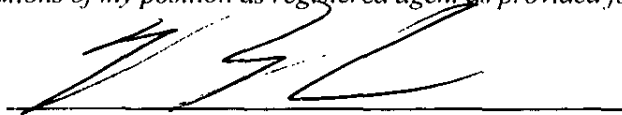
781 69th Avenue South

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

St. Petersburg, FL 33705

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.



Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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

Name and Address:

MGRM

Tim Price

~~P. O. Box 47822~~

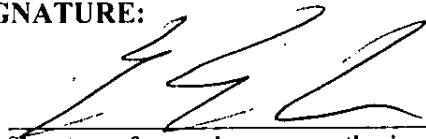
781 69th Ave. S,

St. Petersburg, FL 33742

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/15/07 (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.)

Tim Price

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)

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA