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Registration Section

TO:

Division of Corporations	
SUBJECT: JRB Sales & Manageme	ent, LLC
	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
James R. Blair	
	(Name of Person)
JRB Sales & Management,	LLC
	(Firm/Company)
445 Forest Park Road	
	(Address)
Oldsmar, Florida 34677	
(Cit	y/State and Zip Code)
For further information concerning this matter, please	e call:
James R. Blair	727 \ 772-9426
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JRB Sales & Management, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
the mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
445 Forest Park Road	JRB Sales & Management, LLC
Oldsmar, Florida 34677	James R. Blair
	445 Forest Park Road, Oldsmar, FL 34677
The name and the Florida street address of the James R. Blair	SSEE FLO
445 Forest Park R	KOAO RAI O
_	(
Oldsmar, Florida	_{FL} 34677
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

* 6 1 2 3

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana		Name and Address	<u>s:</u>		
"MGRM" = Ma	anaging Member				
MGR		James R. Blair			
		445 Forest Park Road			
		Oldsmar, Florida	34677		
MĞRM		Nicole M. Blair			
		445 Forest Park Road	·		
		Oldsmar, Florida 34677			
			- 		
(Use attachment LE V: Effective fective date is li	e date, if other than the da	nte of filing:	(more than five by	(OPTIO)	
LE V: Effective	e date, if other than the da	nte of filing:	more than five bu		
LE V: Effective fective date is li days after the d	e date, if other than the datisted, the date must be slate of filing.)	nte of filing:	more than five bu	siness d	lays 8
LE V: Effective fective date is li days after the d	e date, if other than the datisted, the date must be state of filing.)	nte of filing: pecific and cannot be government. Suit	more than five bu	siness d SECRE TALLAH	lays 08 MAR
LE V: Effective fective date is li days after the d	e date, if other than the datisted, the date must be state of filing.) IGNATURE: Signature of a member of the date of the date is set to the date of the date is set to the date of the	pecific and cannot be the pecific and cannot be an authorized representation to the second	more than five but tative of a member.	siness d	lays 08 MAR -3 PM
LE V: Effective	e date, if other than the datisted, the date must be state of filing.) IGNATURE: Signature of a member of this document constitute.	pecific and cannot be the pecific and cannot be an authorized representation to the second	more than five but tative of a member.	SECRETARY OF TALLAHASSEE	lays 08 HAR -3

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)