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Special Instructions to	Filing Officer:	





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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON MAR 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ja Maka Me Tan, L.L.C.			
(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:			
Laura B. Wigglesworth (Name of Person)			
Ja Maka Me Tan, L.L.C. (Firm/Company)			
698- A West Macclenny Avenue			
Macclenny, Fl. 32063 (City/State and Zip Code)			
For further information concerning this matter, please call:			
D.Brandon Hillman at 904 655 - 6867 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Ja Maka Me Tan, L (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
6 Maka Me Tan, L.L.C. 698-A West Macclenny Ave Macclenny, Fl. 32063	Same
698-A West Macclenny Ave	
Macclenny, Fl. 32063'	
·	
ARTICLE III - Registered Agent, Registered (
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another

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

Roya Plantation Rd.

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

Macclenny FL 32063

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)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

The name and address of each Manage	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Laura B. Higglesworth P.D. Box 6 Glen St. Mary, Fl. 32040
MGR	D. Brandon Hillman P.O. Box 6 Glen St. Mory, Fl. 32040
(Use attachment if necessary)	•

ARTICLE IV- Manager(s) or Managing Member(s):

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Joura B. Mugaleauvorth
Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Laura B. Wigglesworth
Typed of writted 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)

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. (OPTIONAL)