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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

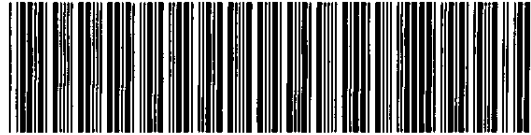
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08 APR -4 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas APR - 7 2008

APRIL 1, 2008

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS

ATTN: REGISTRATION SECTION DIVISION OF CORPORATIONS

PLEASE SEE THE ENCLOSED ARTICLES OF ORGANIZATION TO FORM A
LIMITED LIABILITY CORPORATION AND A CHECK TO COVER THE COSTS.

THIS IS SUBMITTED BY: JAMES CARLSON
8610 OLD TOWNE WAY
BOCA RATON, FLORIDA 33433

DAY TIME PHONE NUMBER IS : 561-212-1064

FOR: J. J. CARLSON ENTERPRISES, L.L.C

SINCERELY,

JAMES CARLSON

A handwritten signature in cursive script that reads "James Carlson".

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. J. CARLSON ENTERPRISES, LLC ■

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

ARTICLE II - Address:

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

Principal Office Address:

8610 OLD TOWNE WAY
BOCA RATON, FLORIDA 33433 ■

Mailing Address:

8610 OLD TOWNE WAY
BOCA RATON, FLORIDA 33433 ■

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:

JAMES CARLSON

Name


8610 OLD TOWNE WAY

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

BOCA RATON, FL 33433

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)

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TALLAHASSEE, FLORIDA

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:

MGR

JAMES CARLSON

8610 OLD TOWNE WAY

BOCA RATON, FLORIDA 33433

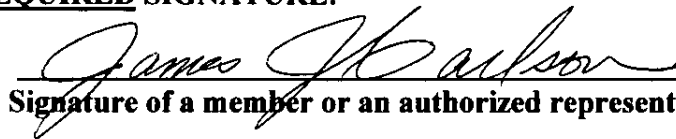
(Use attachment if necessary)

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

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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.)

JAMES CARLSON

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)

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