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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

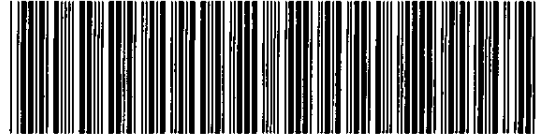
(Business Entity Name)

(Document Number)

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08 APR 28 AM 8:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. Tadlock APR 30 2008

Sharon LaPointe
600 N. Thacker Ave., Suite, D49
Kissimmee, Florida 34741
Office: 407-994-2912/Fax: 407-994-2913

April 21, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: LLC Incorporation for Jefferson Lee Barber, LLC

Dear Customer Service:

Enclosed please find one original and one copy of the Articles of Organization for a Limited Liability Corporation and a check for the states filing fee and certification.

Your approval, filing, certification and return of the certified copy to the undersigned will be greatly appreciated. Please call the number above should you require any additional information.

Sincerely,



Sharon A. LaPointe

Cell# 321-689-0751

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: JEFFERSON LEE BARBER, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: Jefferson Barber, 1801 Daniels Street, Kissimmee, Florida 34746

ARTICLE III- Officers, Directors, Members:

The name and mailing address of the Limited Liability Company's Officers, Directors and Members are:

Jefferson Barber/President; Secretary; Member; Manager
1801 Daniels Street
Kissimmee, FL 34746

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jefferson Barber

Name

1801 Daniels Street

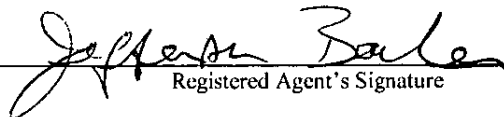
Florida street address

Kissimmee, FL 34746

City, State, and Zip

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DIVISION OF CORPORATIONS

Having been named as register 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


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.)

Jefferson Barber

Typed or printed name of signee

Filing fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)