(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Jenkins-lucker, LLC (Name of Limited Liability Company)	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please i	return all correspondence concerning this matter to the following:	
	Latrica Tenkins	
	Jenkins-Tucker (Firm/Company)	
-	303 Sandy Driver	
;	Tallahassee Ha 3 2312	
For furt	ther information concerning this matter, please call:	
Son	in Tenkins at (850) 383-088 (Area Code & Daytime Telephone Number)	
Enclose	ed is a check for the following amount:	
□\$125.0	00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, \$\color \\$Certificate of Status & Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32301	EO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jenkins-Tucker, 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:	
503 Sandy Dr 503 Sandy Dr	
Tallahasse Hazzzia	L
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 amother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: AHASSET Name Name AHASSET ARETARY SEE 10 ARETARY ARETARY	
Name So 3 Sand 4 Branch State So 3 Sand 4 Bra	C
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

Title: "MGR" = Manager "MGRM" = Managing Member MORM" MORM MORM	Name and Address: Patricia Jenkins 808 SANDY DE Tallahaske, FLA 323/2 MALLHON DUCKEY TO	
mgR.	Jenene Newsone 13510 GOIF Terrore Tallahassee 7-82 32301 William Louis Jenkins Tallahassee, Yea 32312 Jenene Newsone 348 SHEPARD AD EOV NT 17018	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	11.22-20	,) prio i
(In accordance with section	an authorized representative of a member. 608.408(3), Morida Statutes, the execution sa an affirmation under the penalties of perjury in are true.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

The name and address of each Manager or Managing Member is as follows:

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)