

LO800047701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

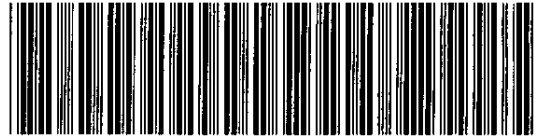
(Business Entity Name)

(Document Number)

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**FILED**  
08 MAY 12 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
MAY 14 2008  
**EXAMINER**



LAW OFFICES OF  
ARLENE B. HUBER

ATTORNEY AND COUNSELOR AT LAW  
520 OAK STREET  
PALATKA, FLORIDA 32177

TELEPHONE (386) 329-9660  
FAX (386) 329-9662

ADMITTED IN THE STATES OF  
FLORIDA & OHIO

May 8, 2008

Department of State  
Division of Corporations  
Limited Liability Company Filing  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Filing of Articles of  
Organization for New  
Florida Limited Liability  
Company, Joffre W. Filion, L.L.C.

FILED  
08 MAY 12 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Please find enclosed for filing the above-referenced Articles of Organization along with my check made payable to the Florida Department of State in the sum of \$155.00 covering the following fees:

Filing of Article.....	\$100.00
Certified Copy of Articles.....	\$ 25.00
Registered Agent.....	\$ 30.00
Total	\$155.00

Also enclosed is my self-addressed, stamped envelope for return of the certified Articles of Organization.

Thanking you for your assistance, I am

Sincerely yours,

Arlene B. Huber

ABH/amj  
Enclosures: 3  
cc: Joffre W. Filion

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name: Joffre W. Filion, L.L.C.**

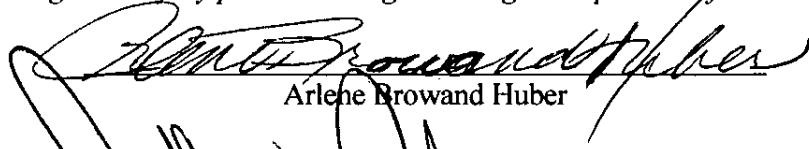
**ARTICLE II - Address: 627 Emmett Street, Palatka, FL 32177**

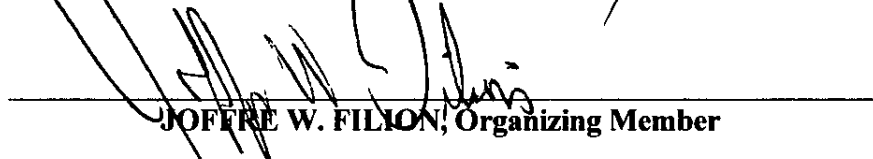
**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Arlene Browand Huber  
520 Oak Street  
Palatka, FL 32177

*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.*

  
Arlene Browand Huber

  
**JOFFRE W. FILION, Organizing 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.)

**FILED**  
08 MAY 12 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA