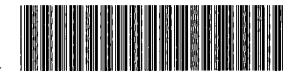
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T. CLINE

MAY 15 2008

**EXAMINER** 

# **COVER LETTER**

,	FO: Registration Section Division of Corporations	
	SUBJECT: Island Properties Jax, LLC (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:	
	Donald A. Werkena (Name of Person)	
	(Name of Person)	
	Island Properties, Jax, LLC (Firm/Company)	
	7259 Ramoth Dr.	
	(Aldolo)	
	Jackson ville, FL 32226 (City/State and Zip Code)	
	Tacks on ville, FL 32226  (City/State and Zip Code)  For further information concerning this matter, please call:    Data (A. Werkena at 904 251-9525 ARE TAKE TO 1) (Name of Person) (Area Code & Daytime Telephone Number)    Enclosed is a check for the following amount:   S125.00 Filing Fee   \$130.00 Filing Fee &   \$160.00 Filing Fee &   \$160.	n.
	(Name of Person)  (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	· · · · · · · · · · · · · · · · · · ·
Ď	\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee} \text{\$\text{\$160.00 Filing Fee} \text{\$\text{\$\text{\$160.00 Filing Fee} & \$\text{\$\text{\$\text{\$Certified Copy}}\$} \text{\$\text{\$\text{\$Certified Copy}}\$ \text{\$\text{\$\text{\$Certified Copy}}\$ (additional copy is enclosed)	
	Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
I Sland Properties (Must end with the words "Limited Liability)	Jax LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incinal office of the Limited Lightlity Company is:
The maining address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7259 Ramoth Dr. Jacksonville, FL 32226	7259 Ramoth Dr. Jacksonville, FL 3226
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are:  Werk enga  Grant Of State CRETARY OF STATE ORIGINAL ORIG
The name and the Florida street address of the re	egistered agent are:
Dong ld A. Name	Werkema SSEE
Name	OF S.
7259 Ramox	4 Dr. 55 = 1.5
Florida street add	ress (P.O. Box NOT acceptable)
Jacksonville	FL 32226
City, State, a	

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

Donald A. Werkema 7259 Ramoth Dr.
Juksonville, FL 32226
Gregory J. Evans 7253 Ramoth Dr. Jacksonville, FL 32226
late of filing: (OPTIONS specific and cannot be more than five business day

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.)

onald H. Werkema 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)