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(Requestor's Name)
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SECRETARY OF STATE

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AA Thomas MAY 20 2008

COVER LETTER

TO: Registration Se Division of Cor							
_{subject:} Jahwh	all Enterprises	i, L	LC				
	(Name of Limit	ted Li	ability Compa	iny)			
The enclosed Articles of	Organization and fee(s) are	subm	itted for filing	ζ.			
Please return all correspo	ndence concerning this mat	ter to	the following	:			
Patricia T	ouchstone						
		(Nam	e of Person)				
Strategic	Corp Services	Pl	us, Inc.				
	· · ·	(Firm	/Company)				
849 E. Au	ıltman St.					D8 HAY 19 PA LE FLORIDE FLORIDE	
		(/	\ddress)			題支	卫
Ely, NV 8	9301					19	E
	(Ci	y/Stat	e and Zip Code)		THOU THE	<u>.</u> 3
For further information co	oncerning this matter, pleas	e call:	• :			A STATE	6
Patricia Touchs	stone		866	310-72	69	3m	
	(Person)	_ at (' . 	lephone Number)		
Enclosed is a check for	the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(155.00 Filin Certified Cop additional copy	ру	\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is end	ıs &	
;	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding cutive Center (ee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Jahwhall Enterprises, LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
15698 SW 53rd St. Miramar, FL 33027	15698 SW 53rd St. Miramar, FL 33027	
Miramar	egistered Agent. You must designate an individue ne registered agent are: all me St. address (P.O. Box NOT acceptable) FL 33027 te, and Zip	OB MAY 19 PM 12: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete	in this certificate, I hereby accept the acity. I further agree to comply with the	appointment as he provisions of all

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

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

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

Terrance H. Whall 15698 SW 53rd St. Miramar, FL 33027	
15698 SW 53rd St.	
Miramar, FL 33027	<u> </u>
	
	
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REQUIRED SIGNATURE:

Terrance HDhall

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.)

Terrance H. Whall

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)