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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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2008 JUN -4 A 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Jobil Properties, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR

Jobil Properties, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Jobil Properties, LLC**

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ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 6392 First Ave N, St. Petersburg FL, 33710.

ARTICLE III: MANAGEMENT

The company will be a manager managed Limited Liability Company.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **E LeBron Free, 3005 SR 590 Suite 206
Clearwater, FL 33759.**

ARTICLE V: MANAGERS

The name and address of the initial Managers of the company is:

William L. Waters, Manager, 7998-11th Ave S, St Petersburg FL, 33707

Jon E. Tuft, Manager, 740 Captiva Ct NE, St Petersburg FL, 33702

The undersigned has executed these Articles of Organization this 3rd day of June 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



Authorized Representative

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company organized under the laws of the State of Florida, submits the following statement designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: Jobil Properties, LLC

2. The name and address of the registered agent and office is: E. LeBron Free
3005 SE 59th Suite 206, Clearwater, FL 33759
727-796-0099

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

E. LeBron Free
E. LeBron Free

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