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G. MCLEOD

JUN 3 0 2008

**EXAMINER** 



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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: JLM Home Improvement 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:
John Leroy McLeod III (Name of Person)
JLM Home Improvement LLC. (Firm/Company)
2884 Ounhill Cr. (Address)
(Address)
Lakeland, FL. 338/0 (City/State and Zip Code)
For further information concerning this matter, please call:
John Lero y McLeod III at (863) 701-5813 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$130.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed) \]  \$160.00 Filing Fee, \text{Certified Copy} \\ (additional copy is enclosed) \]  Certified Copy \( (additional copy is enclosed) \)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

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:	
JLM the Improvement a (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2884 Ounhill Cr. Lake land, FL 338/0  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re  John Leroy McLeon  Name	I. SM:
	ress (P.O. Box NOT acceptable)  FL 33810  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

<u>Title:</u> 'MGR" = Manager 'MGRM" = Manag	Name and Address:
MGR	John Lesoy M'Leod III 2884 Dunhill Cr. Lakelard, FL. 33810
fective date is listed	e, if other than the date of filing: $6-24-08$ . (OP), the date must be specific and cannot be more than five busing
LE V: Effective dat	e, if other than the date of filing: 6-24-08. (OP), the date must be specific and cannot be more than five business of filing.)
LE V: Effective dat fective dat fective date days after the date REQUIRED SIGN	e, if other than the date of filing: 6-24-08. (OP), the date must be specific and cannot be more than five business of filing.)
LE V: Effective dat fective dat fective date is listed days after the date REQUIRED SIGN  Si	e, if other than the date of filing: 6-24-08. (OP's, the date must be specific and cannot be more than five business filing.)  ATURE:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)