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SECRETARY OF STATE
ALLAHASSEE FI OBJE.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jopy McCullough LLC (Name of Limited Liability Company)
(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:
JODY MCCUllough (Name of Person) ARE ST
Jody McCullough ARETARY 23 Tody McCullough
(Firm/Company)
2189 HARBOR LAKE DRIBE =
ORANGE PARK F1 32073 (City/State and Zip Code)
For further information concerning this matter, please call:
Jody McCullough at (904), 881-668 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address 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:

Jody Mcallough "Limited Linbility Conspany"		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
2189 HARBOR LAKE DRIJE 2189 HARBOR LAKES DRIJE DRANGE PARK FI DRANGE PARK FL 32073 32073		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: JODY MCCULOUGH Name 2189 HARBOR LAKE DRIFFE Florida street address (P.O. Box NOT acceptable) ORANGE PARK FL 32073 City, State, 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 ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Jony McCullough 2189 HARBOR LAKE DRIVE ORANGE PARK, F132073 FEE &
	TARY OF STATE LORIDA
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Der or an authorized representative of a member.
of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution istitutes an affirmation under the penalties of perjury difference from true.) 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)