

L08000098610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

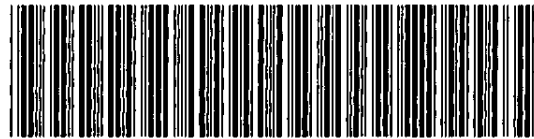
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700136852127

10/16/08--01033--009 **125.00

FILED
08 OCT 16 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. OCT 17 2008

Gary B. Davenport, P.A.
Attorney

October 14th, 2008

Via Federal Express

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

RE: Jandler-Alsop, LLC

Ladies/Gentlemen:

The enclosed Articles of Organization and fee is submitted for filing. Please return all correspondence concerning this matter to: Gary B. Davenport, Esq., Gary B. Davenport, PA, 1280-B Ponce de Leon Blvd., N, St. Augustine, FL 32084.

For further information concerning this matter, please call Susan Junod at 904-209-6801. A check in the amount of \$125.00 is enclosed representing the filing fee.

Sincerely,


Patricia C. Trezza, Office Manager

Enclosure

ARTICLES OF ORGANIZATION

FOR
JANDLER-ALSOP, LLC
a Florida limited liability company

FILED
08 OCT 16 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, an authorized representative of a Member, desiring to form a limited liability company under and pursuant to Florida Statute 608, entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of this company shall be Jandler-Alsop, LLC

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The street address is 154 Lawn Avenue, St. Augustine, FL 32084, and the mailing address is P.O. Box 1389, St. Augustine, FL 32084.

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent and office for this company is as follows: Gary B. Davenport, 1280-B Ponce de Leon Blvd., North, St. Augustine, FL 32084.

ARTICLE IV - MANAGEMENT

The business of the Company shall be managed by the managing member and the names and addresses of the members are:

<u>Name</u>	<u>Address</u>
Alsop, Inc.	154 Lawn Avenue St. Augustine, FL 32084
Chris Shee	734 Abbey Mist Dr. St. Johns, FL 32259

The management and control of the Company shall be vested in its managing member unless and until a manager is elected by a majority of members.

IN WITNESS WHEREOF, the undersigned, Member has hereunto set his hand and seal this ____ day of October, 2008.

Alsop, Inc.

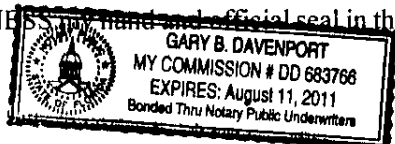
By: _____

Jesse P. Killebrew

STATE OF FLORIDA
COUNTY OF St. Johns

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Jesse P. Killebrew, who is personally known to me and who is described as a member and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to those Articles of Organization.

WITNESSE my hand and official seal in the County and State named above this 14th day of October, 2008.



[Signature]
Notary Public

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.

[Signature]
Gary B. Davenport, Registered Agent

Date: 10/14/08

FILED
08 OCT 16 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA