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(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:				
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## **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJI	ECT:	Jean P. Eu (Name of Limit	ed Liability Company)			
The en	closed Articles of	Organization and fee(s) are	submitted for filing.			
Please	return all corresp	ondence concerning this mat	tter to the following:			
		Jere P. Eu	(Name of Person)	- AM		
	•	Jere P. Ewi	(Firm/Company)			
	2309 N.E. RUSTIC WAY (Address)					
		Jensen Be	ty/State and Zip Code)			
For further information concerning this matter, please call:						
	ere P.	Emol 17	at (954) 610 - 12 (Area Code & Daytime Telep	2.99 GP Ohone Number)		
Enclo	sed is a check fe	or the following amount:				
<b>\$125</b>	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C	ircle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Jene P. Ewol	ST LLC		
Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limited L	iability Compar	ıv is:
			-, -0.
Principal Office Address:	Mailing Address:		
2206 1/5 0	02.6 ( = 0		
Jensen Beach.	Jewsen Beach	TIC WEY	
FL 34957	FC 34957		
		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist			
business entity with an active Florida registration.)	icied Agent. 100 masi designate an mai	As S	
The name and the Florida street address of the r	enistered agent are:		
The name and the Plotted street address of the P	egistered agent are.	NOV 2	an annual
Typa Euro Name	LeT	ASS ASS O	A COLUMN
Name			1.24
2299 N.E.	RUSTIC WAY	2: 01 STATE LORID	Surrent Control
Florida street add	dress (P.O. Box NOT acceptable)	2: 01 STATE LORIDA	
Jensen Beach.	FL 34957		
City, State, a		•	

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)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member M6R. Jeusen Beach. FL 3495 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Signature of a member or an authorized representative of a member.

that the facts stated herein are true.)

Jere P. SwordT

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)