L09000017198

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

FEB 20 2009

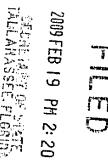
EXAMINER

Office Use Only



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02/19/09--01024--009 **160.00



COVER LETTER

TO: Registration Division of C			
SUBJECT:	ETHEL JAY.	nes LLC	
SUBJECT:		Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	20
	SANDR	A BRYANI Name of Person)	2009 FEB
	(1)	lame of Person)	19
	ETHE	L JAYNES L	LC PR P
	(F	Firm/Company)	P
	3715 NW	1944. Stre	et 📅 8
	(************************************	(Address)	
	Miani Ga	erdens, fr. 33	3 o 5.5
		State and Zip Code)	
	n concerning this matter, please o	eall:	
SANDRA	BRYAN	18.6 . 325.20	Y41
-	ne of Person)	at (186) 325 - 20 (Area Code & Daytime Tel	ephone Number)
Enclosed is a check	for the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation: Clifton Building 2661 Executive Center Of Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ETHEL JAYNES, LL	<u>C</u>
(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	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3715 NW 1944. Street Mianii Gardens, fr. 33055	3715 WW 194th Street Miami Carders Fc. 33055
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the results of the resu	9
Name	
3715 NW 194	H. Street
	ress (P.O. Box NOT acceptable)
Mianu Gardons City, State, ar	FL 33055
City, State, ar	nd Zip
Haring beauty 1 1 1	

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)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	SANDER BRYAN 3715 NW 1944. Street
	3715 NW 1944. Street
	Mianie Garders, Fe. 33055
110000	
MGRM	Bucline Vincent
•	Miani Garders Fr. 3305
. •	Of Contract of the Contract of
MGRM	ANGELA FRANCES TO ?
	18612 NW 10TH COURT !
	MIAMI, FC. 3316 954 N
	F
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: (OPTIONA
ffective date is listed, the date must l	oe specific and cannot be more than five business day
days after the date of filing.)	

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

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

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)

that the facts stated herein are true.)

SANDRAWBRYAN

Typed or printed name of signee