## L09000030587

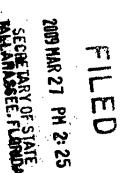
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(=					
Certified Copies Certificates of Status					
Solution doping					
Special Instructions to Filing Officer:					
·					

Office Use Only



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C. LEWS

MAR 3 0 2009

EXAMINER

## **COVER LETTER**

	on Section f Corporations	
SUBJECT:	JSRA	Holdings L.L.C.
Sebaler		Liability Company)
The enclosed Articl	es of Organization and fee(s) are sub	mitted for filing.
Please return all cor	respondence concerning this matter	<del>-</del>
	Joshua	HIII
	(Na	me of Person)
	(Fi	rm/Company)
	30534 La	Housette Drive
<del></del>		(Address)
	wester C	hapel FL 3354
	(City/S	ate and Zip Code)
For further informat	ion concerning this matter, please ca	11:
17051	hua Hill	(Area Code & Daytime Telephone Number)
(N	(ame of Person)	(Area Code & Daytime Telephone Number)
	1 0 1 611	
_	k for the following amount:	
_\$125.00 Filing Fe	ce \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
		(additional copy is enclos
	Mailing Address	Street/Courier Address
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton 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 Limite	d Liability Com	pany is:			
JS	BA	Holdin	195 "	L.L.	C.
(Must end	with the words "Lim	ited Liability Comp	oany, "L.L.C.," or "	LLC.")	
ARTICLE II - Address The mailing address an		of the principal	office of the I	Limited Liab	ility Company is:
Principal Office Addr	ess:	<u>Mai</u>	ling Address:		
30534 Lato	wrethe Di	rive	30834	Latoare	He Drive
Westey Chap.	el,FL 3.	3545	30834 Westey	Chapel	FL 33545
The name and the Floric	da street address	of the register			BHAR 27
	30534	Laterres	the Drie	ve	F STA
	•	•	O. Box NOT acce		<b>3</b>
	Westy Co	hapel, FL.	3354	<u>/</u>	P
	City	y, State, and Zip			
Having been named as liability company at registered agent and ag statutes relating to the accept the obligation	the place designa ree to act in this proper and com	ated in this cert capacity. I fur, plete performa as registered a	ificate, I hereby ther agree to co nce of my dutie gent as provide	y accept the a omply with th s, and I am fa	appointment as e provisions of all amiliar with and

(CONTINUED) Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):								
The name and address of each Manager or Managing Member is as follows								
PRI 12								

2009 MAR 27 PM 2: 25

Title:	Name and Address:	SECHETARY (
"MGR" = Manager "MGRM" = Managing Member		
MCKM	Joshva Hill	. *
<del></del>	30534 latourest	
	wistey Chapel, FC	33545
MCRM	Stephanie HIII	/
	30534 Latowet	
	westry (aggs),	FC 33545
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)		(OPTIONAL) ve business days prior
REQUIRED SIGNATURE:		
	and all	
Signature of a myrnber	r or an authorized representative of a men	nber.
(In accordance with sec of this document constitution	tion 608.408(3), Florida Statutes, the executi tutes an affirmation under the penalties of pe	ion rjury

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.)

Tashva P. Hill
Typed or printed name of signee