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COVER LETTER

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	on Section f Corporations	
SUBJECT:	J. A. G. o	f ALL TRADES, L.L.C
	Name of Limite	ed Liability Company
The enclosed Articl	les of Organization and fee(s) are	submitted for filing.
Please return all con	rrespondence concerning this matt	er to the following:
	GUST	AVE E. GREAUX
		Name of Person
	J. A. G. of	ALL TRADES, L.L.C.
		Firm/Company
	9606 S	HALIMAR COURT
•		Address
		MPA FL 33615
		y/State and Zip Code
	E-mail address: (to be used	040@verizon.net for future annual report notification)
For further informa	ntion concerning this matter, please	e call:
	icholis Gatanis	at (813)621-6723 Area Code & Daytime Telephone Number
		, and a second grant of the second grant of th
Enclosed is a che	ck for the following amount:	
√] \$125.00 Filing F	Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address Registration Section
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	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 Cor	mpany is:
J. A. G. of A	ALL TRADES, L.L.C.
(Must end with the words "Li	imited Liability Company," "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
0000 01 -11 0	
9606 Shalimar Court	
Tampa FL 33615	
•	**************************************
ARTICLE III - Registered Agent, R	Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an individual or another
business entity with an active Florida registration	.)
The name and the Florida street address	ss of the registered agent are:
Gu	ustave E. Greaux
	Name
	20.01 11 0 4
960	06 Shalimar Court
Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)
Florida street ac	
Tampa	•

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)

FILED
SEGREDATE OF STATE

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:

MGR		Name and Address:			
		Gustave E. Greaux			
	-	9606 Shalimar Court			
		Tampa FL 33615			
		•			
	-				
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	-				_
	_				
(Use attachment if	`				_
REQUIRED SIG	NATURE:	tan Senay			
Ī	Signature of a member o	r an authorized representative of a	member	- -	
	_	in 608.408(3), Florida Statutes, the exc tes an affirmation under the penalties	ecution	v	
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