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# **COVER LETTER**

TO: Registratio Division of	n Section Corporations	
SUBJECT:	Jungle	George Rides LLC
SOBSECT.		ed Liability Company
The enclosed Article	s of Organization and fee(s) are	submitted for filing.
Please return all corr	espondence concerning this mat	ter to the following:
<del></del>	Tir	nothy C. Morris
	lunglo	
<del></del>	Juligie	George Rides LLC Firm/Company
<u></u>	1422 G	roveland Hills Drive
		Address
		assee/Florida 32317 ty/State and Zip Code
	tmorris7	25@embargmail.com
For further informati	E-mail address: (to be used on concerning this matter, pleas	for future annual report notification)
	Tim Morris	950 200 0006/254 0250
	me of Person	at ( 850 ) 309-0906/251-0250  Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fe	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	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 Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the Li	mited Liability Company is:		
(Mı	Jungle George   ast end with the words "Limited Liabi	Rides LLC	
ARTICLE II - Ad	dress:	rincipal office of the Limited Lial	bility Company is:
Principal Office A	ddress:	Mailing Address:	
1422 Groveland Hills Drive Tallahassee/Florida 32317		1422 Groveland Hills Drive Tallahassee/Florida 32317	
(The Limited Liability Co	egistered Agent, Registered company cannot serve as its own Regis active Florida registration.)	l Office, & Registered Agent's Stered Agent. You must designate an individu	Signature: ual or another
The name and the I	Florida street address of the r	registered agent are:	SEC TALL
	REGINA MORRIS		
	Name		ASS ASS
	1422 Groveland Hills Drive		100 mg
	Florida street address (P.O. Box NOT acceptable)		
	TALLAHARRE 20247		ORIGINAL CONTRACTOR
	City, State, and Zip		Aw oo
liability compai registered agent ar statutes relating i	ny at the place designated in t nd agree to act in this capacit to the proper and complete pe	accept service of process for the al his certificate, I hereby accept the y. I further agree to comply with t erformance of my duties, and I am stered agent as provided for in Ch	appointment as he provisions of all familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### 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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	TIM MORRIS
	1422 Groveland Hills Drive
	Tallahassee/Florida 32317
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
CLE V: Effective date, if other than t	the date of filing: 8-10-2009 (OPTIONAL)
effective date is listed, the date must	t be specific and cannot be more than five business days prior
O days after the date of filing.)	
REQUIRED SIGNATURE:	CARE AUG
Jimi	the C. Morrix
Signature of a men	nber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution
	onstitutes an affirmation under the penalties of perjury
	Timothy C. Morris
	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)