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**EXAMINER** 

To whom it may concern,

This is the articles of organization for JoCo Staging & Interiors, LLC.

MGR:

Joanna Whiatker 385 Tavernier Circle Oldsmar, Fl 34677

Daytime phone: 727-599-5029

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JoCo Staging & Interiors, LLC.  Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	
385 TEVERNER CIRCLE Address	
OUDSMAR, FL 34677  City/State and Zip Code	
JWHITAKZOGNALLICM Es 3	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at ( )	ALTERNATION OF THE PERSON OF T
Name of Person Area Code & Daytime Telephone Number	Same and
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 - Name:	
The name of the Limited Liability Company is:	
JoCo Stagne & Interior (Must end with the words "Limited Liability Comp	rany," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Mail	ing Address:
- · · · · · · · · · · · · · · · · · · ·	5 TAUBENIER CIRCLE DSMAR, FL 34677
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.)	
The name and the Florida street address of the register	ed agent are:
JOANNA WHITAKE Name	ed agent are:  R  AHASS  AHASS  AHASS
385 TAVER UIER (Florida street address (P.O. Box NO.	CIRCLE TO B
OLDSMAR, FL 34477 City, State, and Zip	7

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)

(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:				
"MGR" = Manag "MGRM" = Man				
MGR	_	JOANNA WHITMLER 305 TAVERNIER CIRI OLDSMAR, FL 34677	CLE	
	_			
	_			
(Use attachment i	if necessary)			
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