(Requesto	or's Name)
(Address)	
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(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jayla Economics, 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:
N. Fernandez Name of Person
Name of Person
Jayla Economics, LLC AFF 23 Firm/Company SERVE 23
Firm/Company S_{2}^{*} 23
3052 Harrow Foad FR R. Address Consince Hill El 211 00
Spring Hill, FL 34606 5 8 City/State and Zip Code Melissa. antonsanti @ yahoo. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
N. Fernandez at 813 431. 4132
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$\$\$ \$130.00 Filing Fee & \$\sum \\$\$\$ \$155.00 Filing Fee & \$\sum \\$\$\$ \$Certificate of Status & \$\sum \\$\$ (additional copy is enclosed) \$\sum \\$\$ (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability	omics, LLC Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:	
	Mailing Address:	
3052 Harrow Rd. Spring Hill, FL 34606	3052 Harrow Rd. Spring Hill, FL 34606	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Melissa Antonsanti Name Series Name N		
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	N. Fernandez 3052 Harrow Poad Spring Hill, FL 34606
	2009 OCT 23 PM I2: 28 SECRETARY OF STATE TALLAHASSEE. FLORID
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than in If an effective date is listed, the date mus o or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a men	neer or an authorized representative of a member.
of this document co that the facts stated	e section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury herein are true.) LSA S. FERNANCE
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)