

LD9000120127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

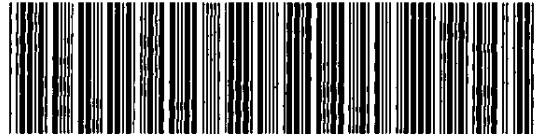
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DEC 21 2009

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JAN'S AND VANESSA'S CREATIONS, 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:

JANICE M. HAMILTON

Name of Person

JAN'S CREATIONS

Firm/Company

9119 MERRILL ROAD, SUITE 31

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

jancreations@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY GARLAND

Name of Person

at ( 904 )

451-1034  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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 - Name:

The name of the Limited Liability Company is:

JAN'S AND VANESSA'S CREATIONS, LLC.

(Must end with the words "Limited Liability Company," "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:

9119 MERRILL RD  
SUITE 31  
JACKSONVILLE, FL 32225

#### Mailing Address:

9119 MERRILL RD  
SUITE 31  
JACKSONVILLE, FL 32225

### 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:

JANICE HAMILTON

Name

12140 RUNNING BROOK DR.

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32225

City, State, and Zip

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*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JANICE M. HAMILTON  
12140 RUNNING BROOK DR.  
JACKSONVILLE, FL 32225

MGR

VANESSA PATRICE GREEN  
7920 MERRILL RD #1206  
JACKSONVILLE, FL 32277

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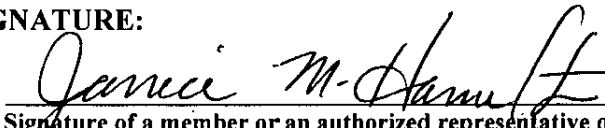
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2010. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JANICE M. HAMILTON

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)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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