L10000017/50

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Chyletate/Liph Helle h)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
_			
A. LUNT			
FEB 15 2010			
EXAMINED			

Office Use Only



500168458645

02/15/10--01002--015 **180.00

SECRETARY OF STATE

FILED

LLC Documents sent for Registration-cover sheet

Janet E. Sallean

JESS Venture's

3540 E. Lou Lane

Inverness, Florida 34453

352-637-4737 (Home Number)

352-586-9716 (Cell Number)

ZOIO FEB 12 PH 2: 49
TALLAHASSEE OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the	ame: Limited Liability Com	pany is:		
JESS Ventures	<u>-</u>		· · · · · ·	
(1)	Must end with the words "Lim	ited Liability Company, "L.L.C.," or "	LLC.")	
ARTICLE II - A The mailing addr		of the principal office of the L	Limited Liability Company	y is:
Principal Office	Address:	Mailing Address:	_	
3540 E. Lou Ln.		3540 E. Lou Ln.	2010 FEB	7
Inverness	FL 34453	Inverness	FL 344530 😤 🛶	-
(The Limited Liability business entity with a	Company cannot serve as its on active Florida registration.)	gistered Office, & Registere own Registered Agent. You must desig s of the registered agent are:	ed Agent's Signature an individual of another to the state of the stat	TILED
	Janet E. Sallea	an		
		Name		
	3540 E. Lou Li	N. street address (P.O. Box NOT acce		
	Inverness	`	paole)	
		FL 34453 y, State, and Zip		
		_		_

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Janet E. Sallean	
	3540 E. Lou Ln.	
	Inverness, FL 34453	
	ALL/2018 F	
	A FE	_
		F
	77	Г
		C
		
(Use attachment if necessary)		
	an the date of filing: $\frac{2-9-2010}{2}$. (OPTIONAL) ust be specific and cannot be more than five business days pri	or
REQUIRED SIGNATURE:		
	E. Jallean nember or an authorized representative of a member.	
_	vith section 608.408(3), Florida Statutes, the execution	

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)

Janet E. Sallean

that the facts stated herein are true.)

Typed or printed name of signee