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(Request	or's Name)	
(Address)	
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(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Duain as	s Entity Name)	
(business	s chuty Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	
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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

B. KOHR

MAR - 2 2010

EXAMINER

Florida Department of State Division of Corporations P.O Box 6327 Tallahassee, FL 32314

2/25/10

To Whom It May Concern:

Please process my request to start a Limited Liability Company (LumpyJones Skateboards LLC.) pursuant to Chapter 608, Florida Statues.

Sincerely,

Brendan Connor 852 Tides End Drive St. Augustine, FL 32080

904-461-0478

JOHAR - 1 AH 9: 38

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT: LUM	PYJONES SKATER	APPS LLC.		
SUBJECT: CAP		ed Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this mate	ter to the following:		a
BRENDAN	CANNOL		OHR	N SECUL
		Name of Person	5	27
			>	0340
		Firm/Company		王 影
852 Mai	ES ENO DR.			43 Jan
	<u> </u>	Address		<i>σ</i> ο
ST AU	ousnne, fl 32080			
31. Aug	Cit	y/State and Zip Code		
BLONNOR	-3 @ YAHOO. COM	for future annual report notification)		
	E-mail address: (to be used)	for future annual report notification)		_
For further informatio	n concerning this matter, please	e call:		
BRENDAN CONT	NAN_ e of Person	at (904) 461-0418 Area Code & Daytime Tele	nhona Numbar	
1 4413	o or reison	Area code & Daytime Tele	phone 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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LUMPY JONES SKATEBOARDS	LLC.
(Must end with the words "Limite	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
Principal Office Address:	Mailing Address:
852 TIDES END DRIVE	SAME
ST. AUWSTINE, FL. 32086 ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow	Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.	Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Bernoan Cannot	Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Brenoan Connocious SSI TORS END	Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Brenoan Connocious SSI TORS END	Registered Agent. You must designate an individual or another f the registered agent are:

Registered Agent's Signature (REQUIRED)

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.

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Meml	Name and Address:
MGR	BRENDAJ CANNOL 852 TIDES END DA. ST. AUGUSTINE, R. 32080
•	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business date.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing: (OPTIONAL must be specific and cannot be more than five business date.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance of this document of the facts)	than the date of filing: (OPTIONAL) than the date of filing: (OPTIONAL) than the specific and cannot be more than five business date a member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury a stated herein are true.)
fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance of this document of the facts)	than the date of filing: (OPTIONAL emust be specific and cannot be more than five business date a member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury