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EXAMINER

OIVISION OF CORPORATIONS

COVER LETTER

	tration Section on of Corporations	
SUBJECT: P		
	Name of Lin	ited Liability Company
	rticles of Organization and fee(s) ar	5
Please return al	I correspondence concerning this ma	atter to the following:
James	K. Sartain	<u> </u>
		Name of Person
PYJS,	LLC.	
\ <u>-</u>		Firm/Company
12928	Ventana Court	
		Address
Dade 0	City, Florida 33525	
	C	ity/State and Zip Code
jim@gl	obalturfequipment.com	
	E-mail address: (to be used	for future annual report notification)
For further info	rmation concerning this matter, plea	se call:
James K. Sa	James K. Sartain at (813) 205-7515	
Name of Person		Area Code & Daytime Telephone Number
Enclosed is a c	heck for the following amount:	
□\$125.00 Filing	g Fee 2\$130.00 Filing Fee & Certificate of Status	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 FO	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compar	or FLORIDA LIMITED LIABILITY COMPANY ny is:
PYJS, LLC.	,
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12928 Ventana Court	12928 Ventana Court
Dade City, Florida 33525	Dade City, FL 33525
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
James K. Sartain	
1	Name
12928 Ventana Cour	t
	eet address (P.O. Box <u>NOT</u> acceptable)
Dade City	FL 33525
-	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

Registered Agent & 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" = Manager "MGRM" = Managir	ng Member	Name and Address:	
	MGRM		James K. Sartain	
			12928 Ventana Court	
			Dade City, FI 33525	
	MGRM		Patrick C. Yarbrough	
			1902 Wallace Road	
			Lutz, FL 33549	
			-1-2	
(If an e		if other than the date	of filing: (OF exific and cannot be more than five busing	
	(In a of W	accordance with section as document constitutes	an authorized representative of a member. 608.408(3). Florida Statutes, the execution an affirmation under the penalties of perjury	
		the facts stated herein a	re true.)	
	<u>Jai</u>	nes K. Sartain Typed o	r 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)