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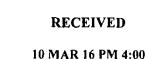
T. HAMPTON

MAR 1 7 2010

EXAMINER

COVER LETTER

	non Section of Corporations	
SUBJECT:	JR	Adventures, LLC
Sebsect.		ted Liability Company
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.
Please return all co	orrespondence concerning this mat	ter to the following:
	J	leffrey C Reid
		,
<u> </u>	J	R Adventures Firm/Company
	A.E.	
1812 - 81 - 81 - 81 - 81 - 81 - 81 - 81 	43	2 Grant Street Address
,	Dur	nedin, FL 34698
		ty/State and Zip Code
	jreid74	l@tampabay.rr.com for future annual report notification)
For further inform	ation concerning this matter, pleas	•
	Jeff Reid	at (727) 744-9374
<u> </u>	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
_	Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 2, 2010

JEFFREY C REID 452 GRANT ST DUNEDIN, FL 34698

SUBJECT: JR ADVENTURES, LLC Ref. Number: W10000010521

We have received your document for JR ADVENTURES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000123675 (J & R ADVENTURES LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 410A00005129

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: \(\sum_{R} \) \(\sum_{R} \)	A.UC
-JR Adventure	•
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
452 Grant Street	452 Grant Street
Dunedin, FL 34698	Dunedin, FL 34698
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the residual server.	egistered agent are:
Jeffrey C Name	Reid
452 0	Chrost
452 Grant Florida street address (P.O.	· · · · · · · · · · · · · · · · · · ·
Dunedin, FL 34698	FL.
City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Page 1 of 2 (CONTINUED)

Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Jeffrey C Reid	,
	452 Grant Street	
	Dunedin, Fl. 34698	<u>.</u>
		
 		
(Use attachment if necessary)		
CLE V: Effective date, if other than th	e date of filing: (OP	TIONAL)
effective date is listed, the date must	be specific and cannot be more than five busin	ess days prior
0 days after the date of filing.)		
REQUIRED SIGNATURE:	<i>(</i> 0, 0,,,,,,,	
	(AT 2)	
Signature of a memb	evor an authorized representative of a member.	
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)	
	Jeffrey C Reid	
	yped or printed name of signee	=
<u>Filing Fees:</u>		TO VIS
\$125 00 Filing Fee for Articles of Oro	enization and Designation	7 000

of Registered Agent

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