

Li0000029530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

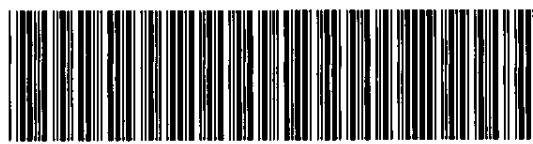
(Business Entity Name)

(Document Number)

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DIVISION OF ORGANIZATIONS
TAMPA, FLORIDA

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DIVISION OF CORPORATIONS

B. KOHR

MAR 18 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JEGS AG SERVICES LLC

U. S. DEPARTMENT OF COMMERCE
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 17 AM 8:08

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

Signature

Requested by: SETH 03/17/10 _____
Name _____ Date _____ Time _____
Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 17 AM 8:08

ARTICLE I - Name:

The name of the Limited Liability Company is **JEGS AG SERVICES LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5221 NW MULGA CT.
PORT ST. LUCIE, FL 34986

Mailing Address:

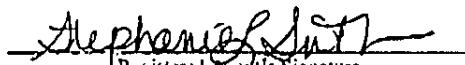
5221 NW MULGA CT.
PORT ST. LUCIE, FL 34986

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

STEPHANIE L. SMITH
5221 NW MULGA CT.
PORT ST. LUCIE, FL 34986

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, Florida Statutes..



Registered Agent's Signature

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 & Address:

MGR:

**STEPHANIE L. SMITH
5221 NW MULGA CT.
PORT ST. LUCIE, FL 34986**

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Stephanie L. Smith

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

(In accordance with section 608.40X(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of
perjury that the facts stated herein are true.)

STEPHANIE L. SMITH

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)