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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: | Registration Division of C | | | | |
|----------------|-------------------------------|--|---|--|-------------|
| SUBJ | ECT: JJ Real | Estate Management S | | | |
| | | Name of Limi | ted Liability Company | | |
| The e | nclosed Articles | of Organization and fee(s) are | submitted for filing. | | |
| Please | return all corres | pondence concerning this mar | tter to the following: | | |
| | Jennifer L. B | ornick | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | | | ** ********************************** | |
| | 2144 Citrus F | lill Rd | | | |
| | | | Address | AHC HAT | A |
| | Palm Harbor, | | | SSE | - [|
| | denufn13@to | Ci mpabay.rr.com | ty/State and Zip Code | E GE | + PH - |
| | dsilyii113@ta | | for future annual report notification) | 95 | |
| | | • | • | 台前 | <u></u> |
| For fu | rther information | concerning this matter, pleas | e call: | > | |
| Jenn | ifer L. Bornick | | at (727) 804-0513 | | |
| | Name | of Person | Area Code & Daytime Tele | phone Number | • |
| Enclo | sed is a check for | or 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 | Street/Courier Address Registration Section | | |

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the L | limited Liability Company i | is: | |
|---|--|--|------------|
| JJ Real Estate | Management Services, | , LLC | |
| (M | lust end with the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Ac The mailing addre | | principal office of the Limited Liability Cor | npany is: |
| Principal Office Address: | | Mailing Address: | § 5 |
| 2144 Citrus Hill Rd | | 2144 Citrus Hill Rd | 3 7 |
| Palm Harbor, FL 34683 | | Palm Harbor, FL 34683 | 4 |
| (The Limited Liability C business entity with an | Registered Agent, Registere Company cannot serve as its own Reg active Florida registration.) Florida street address of the | ed Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another services registered agent are: | |
| | Stonewall Interiors, Inc. | | |
| | Nam | ne | |
| | 2144 Citrus Hill Rd | , | |
| | Florida street a | address (P.O. Box NOT acceptable) | |
| | Palm Harbor | FL 34683 | |
| | City, S | 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

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

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

| Jennifer L. Bornick | |
|---------------------------------------|--|
| | |
| 2144 Citrus Hill Rd | _ |
| Palm Harbor, FL 34683 | _ |
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| | Palm Harbor, FL 34683 A COPTION OF THE Specific and cannot be more than five business |

Jennifer L. Bornick

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)