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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tuesday, June 22, 2010

Janelle Leach

3807 Falling Leaf Lane Orlando, FL 32810

434.996.3028

COVER LETTER

Registration Section

TQ:

Division of Corporations
SUBJECT: Janelle on location
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janelle Leach
Name of Person
Janelle on location
Firm/Company
3807 Falling Leaf Lane
Address
Orlando, Fl 32810
City/State and Zip Code
janelle@janelleonlocation.com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
anelle Leach at (434)996-3028
Name of Person Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
\$125.00 Filing Fee \(\text{Certificate of Status} \) 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

anelle on location LLC (Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the p	principal office of the Limited I	Liability C	company is:
ncipal Office Address: Mailing Address:			
8807 Falling Leaf Lane	3870 Falling Leaf Lane		
Orlando, FL	Orlando, FL		
32810	32810		
The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the Janelle Leach Name 3807 Falling Leaf Lane	registered agent are:	ividual or and SECRETARY OF	
Florida street ac	idress (P.O. Box <u>NOT</u> acceptable)		:)
Orlando	_{FL} 32810	Þ	•
City, S	tate, 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Janelle Leach 3807 Falling Leaf Lane Orlando, FL 32810 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) 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) \$ 5.00 Certificate of Status (Optional)