

LI 00000082718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

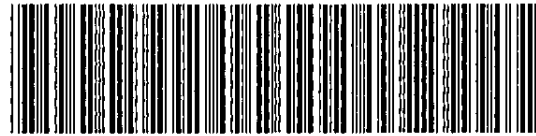
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900183904939

08/06/10--01009--025 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 AUG - 6 AM 11:33
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG - 6 PM 2:48

B. KOHR
AUG - 6 2010
EXAMINER

CAPITAL CONNECTION, INC.

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

JCS Group of Central Florida, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG - 6 PM 2:18

____ 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

08/06

11:00

Name

Date

Time

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
JCS GROUP OF CENTRAL FLORIDA, L.L.C.
a Florida Limited Liability Company**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -6 PM 2:48

ARTICLE I. Name

The name of the Limited Liability Company is: **JCS GROUP OF CENTRAL FLORIDA, L.L.C.**

ARTICLE II. Address

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

**2046 Emerald Ridge Drive
Lakeland, FL 33813**

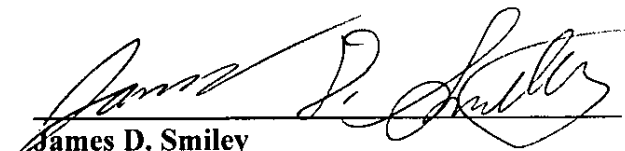
ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**James D. Smiley
2046 Emerald Ridge Drive
Lakeland, FL 33813**

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.


James D. Smiley
Registered Agent's Signature

ARTICLE IV. Management

The Limited Liability Company is to be managed by members and is, therefore, a members-managed company. The name, mailing address, and street address of each such person who is to serve as managing member is:

**James D. Smiley
2046 Emerald Ridge Drive
Lakeland, FL 33813**

**Cathy A. Smiley
2046 Emerald Ridge Drive
Lakeland, FL 33813**

Dated: August 5, 2010

By: _____

James D. Smiley, Managing Member

By: _____

Cathy A. Smiley, Managing Member