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T. CLINE FOR AUG - 9 2010 REPORTS

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT:	Janus Roname of Limi	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
	hristopher	Marc Jan	<u>lus</u>
	Janus	Rocks Firm/Company	
8	060 Red	_	
T	all F1	32312	TALLA
· 	Janus E-mail address: (to be used	Rocks. Com for future annual report notification)	16 + 9 (
For further information	concerning this matter, pleas		
Marc	Janus of Person	at (i) Area Code & Daytime Telep	shone Number
Enclosed 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Janus Rock	5 L.L.L.
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8060 Red Eagle Dr	8060 Red Eagle Dr Tall F1 32312
32312	
8060 Red	gistered Agent. You must designate an individual of fanotes
Tall City,	FL 3 23/Z State, and Zip
Having heen named as registered agent and to	o accept service of process for the above stated limited

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
"MGRM"	Christopher M Janus 8060 Red Eagle Dr Fall F1 32312
•	
· ·	
LE V: Effective date, if other the fective date is listed, the date is	nan the date of filing: 8-9-10 (OPTION nust be specific and cannot be more than five business d
(Use attachment if necessary) LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing: $8-9-10$ (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	and the date of filing: B-9-10 (OPTION onust be specific and cannot be more than five business depends on an authorized representative of a member o

\$125.00 Filing Fee for Articles of Organization and Designation

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