# L10000093412

(Requestor's Name)
(Address)
(Address)
, , , , , , , , , , , , , , , , , , ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity Nema)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600184972186

09/03/10--01041--012 \*\*125.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE, FLORIDI

J. BRYAN

SEP - 7 2010

**EXAMINER** 

## ARTICLES OF ORGANIZATION OF JASPER NO. 1, LLC

### A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

### ARTICLE I — NAME

The name of the Limited Liability Company is JASPER NO. 1, LLC.

### ARTICLE II — ADDRESS

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

Street Address:

6691 SW County Road 158

Jasper, FL 32052

Mailing Address:

6691 SW County Road 158

Jasper, FL 32052

### ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE

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

Registered Agent

Linda M. Cloyd

6691 SW County Road 158

Jasper, FL 32052

Registered Office:

6691 SW County Road 158

Jasper, FL 32052

### ARTICLE IV – MANAGING MEMBER

The name and address of the managing member is:

John L. Cloyd

6691 SW County Road 158

Jasper, FL 32052



GNATURE OF AUTHORIZED REPRESENTATIVE

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

SIGNATURE OF REGISTERED AGENT

TYPED OR PRINTED NAME: Linda M. Cloyd

FILE D

10 SEP -3 PM 1: 13

SECRETARY OF STATE