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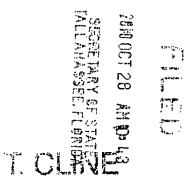
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OCT 29 2010

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Jacalo, LLC  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:
Jill Hazatone Wernicke
Name of Person
Firm/Company
826 Seminole Blud
826 Seininole Blud Address
Tarpon Springs, FL 34689
Tarpon Springs, FL 34689  City/State and Zip Code  Miss Wernicke @ Gol. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:    Jill Wernicke at (727) 834-0806   State of Person   Area Code & Daytime Telephone Number (114)   State of Person   Area Code & Daytime Telephone Number (114)   State of Person   Stat
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address  Registration Section  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jacalo, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 Anastasia Blud. St. Augustine, FL 32080	826 Seminole Blud. Tarpon Springs, FL 34689
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Low Office of John	w balletin, Tr., P.L. Bis 28
1095 AWNSTACIA- Florida street addi	
ST. Augustine City, Sta	FL 32080 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Jih Ral	Il 1 Tohw Galleron tr.
Registered Agent's Signatu	ire (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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jill Hazatone Wernicke 826 Seminole Blvd. Tarpon Springs, FL 34689
	OCT 28
(Use attachment if necessary)	TO THE LEADING TO THE PROPERTY OF THE PROPERTY
	late of filing: (OPTIONAL)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Hazatone Wernicke
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)