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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

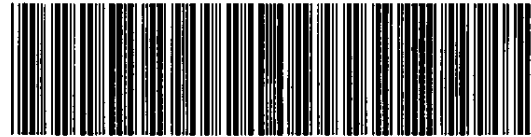
Certified Copies _____ Certificates of Status _____

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Special Instructions to Filing Officer:

W11-624

Office Use Only



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EFFECTIVE DATE

1/1/11

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B Tadlock JAN 19 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JSC SERVICES, 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:

Jamie S. Caudill

Name of Person

JSC SERCIVES, LLC.

Firm/Company

950 Flamingo Ave

Address

Sebastian, FL 32958

City/State and Zip Code

starrcaudill@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie S. Caudill

Name of Person

at (772) 581-8058

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

JAMIE S. CAUDILL
JSC SERVICES, LLC.
950 FLAMINGO AVE.
SEBASATIAN, FL 32958

SUBJECT: JSC SERVICES, LLC.
Ref. Number: W11000000624

We have received your document for JSC SERVICES, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 611A00000437

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314


1/11/11

To Whom It May Concern:

I am resubmitting the articles of organization for Florida Limited Liability Company for your consideration. I have made the recommended changes and am requesting reconsideration.

Per your letters request I am resending the information that was mailed to me.

Thank you,


Jamie Caudill

950 Flamingo, Ave
Sebastian, FL 32958

(772) 713-8186 Cell Phone
(772) 581-8058 Home Phone
(772) 713-0417 Business Manager Cell

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JSC HOME MAINTENANCE SERVICES, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

950 FLAMINGO AVE
SEBASTIAN FL 32958

Mailing Address:

950 FLAMINGO FL
SEBASTIAN FL 32958

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JAMIE S CAUDILL

Name

950 FLAMINGO AVE

Florida street address (P.O. Box **NOT** acceptable)

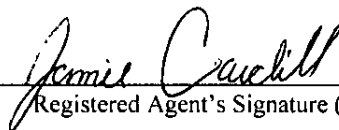
SEBASTIAN

FL 32958

City, State, and Zip

EFFECTIVE DATE
1/1/11

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jamie S. Caudill
950 Flamingo Ave
Sebastian, FL 32958

MGRM

Starr F. Caudill
950 Flamingo Ave
Sebastian, FL 32958

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2011. (OPTIONAL)
(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. 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.)

Jamie S. Caudill

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)**