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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

FEB - 1 2011

EXAMINER

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COVER LETTER

TO: Registration Division of	n Section Corporations	,
SUBJECT: JEN	NL Enterprises LL	C.
		ed Liability Company
The analoged Article	s of Organization and fee(s) are	submitted for filing
	-	-
Please return an corre	espondence concerning this mat	er to the following:
<u>Lawren</u>	ce R. Williams I	
	·	Name of Person
JENNL	Enterprises LLC.	
	·	Firm/Company
530 Blu	e Heron Dr.	
		Address
Panama	City FL. 32404	
		y/State and Zip Code
wjennl5@	comcast.net	or future annual report notification)
East firsthan in fasse at	·	•
ror turtner informatio	on concerning this matter, please	e cail:
Lawrence Willi	ams	at (850) 624-0507
Nar	ne of Person	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 & \$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::
JENNL Enterprises LLC. (Must end with the words "Limited Liab	sility Company "3 1 C " or "1 [C ")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
530 Blue Heron Dr. Panama City FL. 32404	530 Blue Heron Dr. Panama City FL. 32404
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Lawrence R. Williams	· I
Name	e
530 Blue Heron	Dr.
Florida street ad	ddress (P.O. Box NOT acceptable)
Panama City	_{FL} 32404

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:		Name and Address:
"MGR" = Manager	· gasting	को है। जिल्ला के त्रिकेत प्रस्ति है कि tive अभिन
"MGRM" = Manag		
MGR		Nancy P. Williams
IVIGR	-	530 Blue Heron Dr.
	•	Panama City
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