## L11000030409

(Requestor's Name)		
(Address)		
(Address)		
(Audiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Section 2 Line)		
(Document Number)		
Certified Copies Certificates of Status		
<del></del>		
Special Instructions to Filing Officer:		

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11 MAR I I PH 1: 34
DEFACTOR OF CORPORATION
TALLAHASSEE TO STATE
TALLAHA

B. KOHR

MAR 1 1 2011

**EXAMINER** 

SECRETARY OF STATE CORPORATION

11 MAR 11 PH 3: 15

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	RICKY SOT	<u>co</u>		
DATE:	03/11/2011			
<b>REF.</b> #:	<u>001260.144375</u>			
CORP. NAME:	STEVEN E JONES, LLC			
( ) ARTICLES OF INCO	RPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION	
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME	
( ) FOREIGN QUALIFICATION		( ) LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY	
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL	
( ) CERTIFICATE OF C	ANCELLATION		·	
( ) OTHER:				
STATE FEES PR	REPAID WI	TH CHECK# <u>60872</u> F	OR \$ <u>160.00</u>	
AUTHORIZATIO	ON FOR AC	CCOUNT IF TO BE DEBITE	ED:	
	COST LIMIT: \$			
PLEASE RETUR	RN:			
(XX) CERTIFIED COP	Y (XX) C	CERTIFICATE OF GOOD STANDING	( ) PLAIN STAMPED COPY	
( ) CERTIFICATE OF	STATUS			

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: STEVEN E JONES, LLC  ARTICLE II - Address:			
ARTICLE II - Address:	·		
The mailing address and street address of the prin	ncipal office of the Limited Liability Company		
Principal Office Address:	Mailing Address:		
1920 E 151 AVELOT 5	1920 E 151 AVELOT 5		
LUTZ, FL 33549	LUTZ, FL 33549		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
The name and the Florida street address of the re-			
The name and the Florida street address of the res			
The name and the Florida street address of the reg			
The name and the Florida street address of the reg  STEVEN E JONES  Name	gistered agent are:		
The name and the Florida street address of the results STEVEN E JONES  Name  1920 E 151 AVELOT 5	gistered agent are:		

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, Florida Statutes..

Registered-Agent's-Signature-

Page 1 of 2 (CONTINUED)

## 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	
	STEVEN E JONES
MGRM	1920 E 151 AVELOT 5
	LUTZ, FL 33549
(Use attachment if necessary)	
NOTE: An additional article must be added	if an effective date is requested.
REQUIRED SIGNATURE:	
Str	<b>└</b>
Signature of a member or an authorize	ed representative of a member.
	08(3), Florida Statutes, the execution firmation under the penalties of perjury
that the facts stated herein are true	
STEVEN E JONES	
Typed or print	ed name of signee

## Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)