L11000035579

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

Office Use Only



300197243323

03/10/11--01009--010 **160.00

SIISIII

SECRETARY OF STATE DIVISION OF CORPORATION

N. Cumpan MAR 2 4 2000

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jerry White + Associates 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:
Jeken R. White
Jerry White + Associates Firm/Company
Firm/Company
326 Raleigh Rd #21 Address
City/State and Zip Code Swands & Commast. Net E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deleg White at 904 596-3051 or 904 728-296. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \(\)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2011

JERRY R. WHITE 326 RALEIGH ROAD JACKSONVILLE, FL 3225

SUBJECT: JERRY WHITE & ASSOCIATES, LLC

Ref. Number: W11000014051

We have received your document for JERRY WHITE & ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

्राच्या भूतम् । स्वत्र प्राप्त विश्व व स्वत्र विश्व व

The online registration was not filed. Since you mailed in a check I am enclosing the forms to file the Limited Liability Company and return backby mail.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 111A00006024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Add The mailing address		principal office of the Limited Liabil	lity Company is:
Principal Office A	ddress:	Mailing Address:	
326 RALEIGH K	Pl 32225	Sme	
(The Limited Liability Co- business entity with an ad		•	
•	Nam	ne	70 R 10 S
	JACKSONVIlle	ddress (P.O. Box <u>NOT</u> acceptable) FL 3-2-5 State, and Zip	SHOUNTS
liability compan registered agent an statutes relating to	y at the place designated in d agree to act in this capac o the proper and complete p	o accept service of process for the about this certificate, I hereby accept the apity. I further agree to comply with the performance of my duties, and I am factives agent as provided for in Chap	ppointment as e provisions of all miliar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/15/11. (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.)

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)