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SECRETARY OF STATE
ANALYSIS FI ORIDA

J. BRYAN

APR -4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JRNAS Services L.L.C	
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:	
Jeffrey R. Shufelt Name of Person	7s -
Name of Person	
JRNAS SCRVICES L.L.C. Firm/Company	HASS
Firm/Company	SEC E W
11325 S.W. 110th Ave	FEST O
Address	56 6
11325 S.W. 110th Ave Address Dunnellon, Florida, 34432 City/State and Zip Code	
City/State and Zip Code	
Irnas 8@ emburgmail. Com	
City/State and Zip Code Jrnas & emburgmail. Com 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:	
Jeffrey R Shafelt at (352) 861-9291 Name of Person Area Code & Daytime Telephone Number	<u>. </u>
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigs\\$130.00 Filing Fee & \$\bigs\\$155.00 Filing Fee & \$\bigs\\$160.00 Filing	g Fee.
Certificate of Status Certified Copy Certificate of	f Status &
(additional copy is enclosed) Certified Copy (additional copy)	
Mailing Address Street/Courier Address	
Registration Section Registration Section Division of Corporations Division of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	30 3
The name of the Limited Liability Company is:	THE PRINCE OF TH
JRNAS Services LLC	ASS T
(Must end with the words "Limited Liability Compar	y,""L.L.C.," or "LLC.")
ARTICLE II - Address:	17.0
The mailing address and street address of the principal of	ffice of the Limited Liability Company s:
Principal Office Address: Mailin	g Address:
11335 SW. 110th Ave 113 Dunnellen, Fl. 34432 Dun	335 S.W. 110th Ave
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	
The name and the Florida street address of the registered	l agent are:

Jeffrey K Shutelt

1/335 3.Willoth Ave Florida street address (P.O. Box NOT acceptable)

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..

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	Jeffrey R Shufelt 11325 3W Hoth Ave Dunnellon Fl. 34432
	A TO
	HASSEE, FLORE
(Use attachment if necessary)	PRICE TO THE PRICE
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Shife of a member
(In accordance with sect of this document constitute that the facts stated here Typ	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.) Let Shufe H. bed or printed name of signee
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organ	

\$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)