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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| | \ | |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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J. SAULSBERRY EXAMINER

APR 5 2011

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|---|--|------------------------|
| SUBJECT: Regina "Jack of All Trace | des" LLC | | | |
| Name of Limite | d Liability Com | pany | | |
| The enclosed Articles of Organization and fee(s) are s | ubmitted for fili | ng. | | |
| Please return all correspondence concerning this matter | er to the following | ng: | | |
| Regina Jenkins | | | | |
| | Name of Person | | | |
| Regina "Jack of All Trades | " LLC | | | |
| | Firm/Company | | | |
| 13289 Daniels Landing Circ | ele | | | |
| | Address | | <u>-</u> 1 | ~~~ |
| Winter Garden, Florida 34787 | | | SECR ALLA | 2011 APR - 1 AM 11: 23 |
| · | State and Zip Co | de | HAS. | ≈ |
| rjenkins1031@gmail.com E-mail address: (to be used fo | - C'A | | <u> </u> | <u> </u> |
| | | port notification) | | |
| For further information concerning this matter, please | call: | | LORID | |
| Regina Jenkins | _{at (} 321 | 、460-0480 | Đ _M | 23 |
| Name of Person | | de & Daytime Telephone Nun | nber | |
| | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee & Certificate of Status | \$155.00 Fil Certified C (additional co | opy Certific py is enclosed) Certific | 0 Filing Fe cate of Statu ed Copy nal copy is end | ıs & |
| Mailing Address Registration Section | Registra | Courier Address ation Section | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Clifton | n of Corporations Building xecutive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTI | [CL] | E I - | N | ame | 2 |
|------|------|-------|---|-----|---|
|------|------|-------|---|-----|---|

The name of the Limited Liability Company is:

Regina "Jack of All Trades" 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 is:

| Principal Office Address: | Mailing Address: |
|--|---|
| 13289 Daniels Landing Circle | 13289 Daniels Landing Circle |
| Winter Garden, Florida 34787 | Winter Garden, Florida 34787 |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) The name and the Florida street address of the Regina Jenkins | red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another |
| Nan | ne |
| 13289 Daniels L | ∟anding Circle |
| Florida street a | address (P.O. Box NOT acceptable) |
| Winter Garden | _{FL} 34787 |
| City, | State, and Zip |

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)

Page 1 of 2

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

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

| MGR | | Regina Jenkins 13289 Daniels Landing Circle | |
|--------------------------|-------------------|---|--|
| | | Winter Garden, Florida 34787 | 201 TAI |
| | | | APR |
| | | | THE THE PERSON AND TH |
| | | | F BT ATE |
| | | | Dri 6 |
| (Use attachment if nece | ssary) | | |
| LE V: Effective date, if | other than the da | ate of filing: | (OPTIONAI |
| days after the date of f | | pecine and cannot be more than i | ive business days |
| | | | |

(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.)

Regina Jenkins

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)