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SECRETARY OF STATE ANASSEE, FLORID.

J. BRYAN

JUN 1 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J & L Debt Free At La	ast, LLC
	nited Liability Company
The enclosed Articles of Organization and fee(s) at	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
James W Hampton	
	Name of Person
J & L Debt Free At Last,	LLC 蝠点T
	Firm/Company
304 Somerset Dr	Address Address
	Address
Fort Walton Beach, FL 3254	.7
	City/State and Zip Code
lhamp48089@aol.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
James W Hampton	at (850) 863-5481
Name 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

ART	CI	E I	- N	ame

The name of the Limited Liability Company is:

J & L Debt Free At Last, 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:	<u>Mailing Address:</u>
304 Somerset Dr	304 Somerset Dr
Fort Walton Beach, FL 32547	Fort Walton Beach, FL 32547

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

James W Hampton	
Name	
304 Somerset Dr	
Florida street address (P.O. Box NOT a	icceptable)
Fort Walton Beach FL 32547	
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)

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James W Hampton
	304 Somerset Dr
	Fort Walton Beach, FL 32547
MGR	Lois A Hampton
	304 Somerset Dr
	Fort Walton Beach, FL 32547
LE V: Effective date, if other than	the date of filing: (OPTION
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	n the date of filing: (OPTION est be specific and cannot be more than five business da
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