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SEP 12 2011

**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Amy Jayne, CP	A, LLC
	me of Limited Liability Company
The enclosed Articles of Organization and	d fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Amy Jayne	
	Name of Person
Amy Jayne, CPA, L	LC
	Firm/Company
6415 Ard Road	
	Address
Pensacola, FL 32526	
<del>.</del>	City/State and Zip Code
admin@amyjaynecpa.co	(to be used for future annual report notification)
For further information concerning this m	
Amy Jayne	at (850 ) 341-6118
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	amount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	
Mailing Addre Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	reporations Registration Section  Poporations Division of Corporations  Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address:			
The mailing address and street address of the	ne principal office of the Limited Lia	bility Comp	any is:
Principal Office Address:	Mailing Address:		
6415 Ard Road	6415 Ard Road		
Pensacola, FL 32526	Pensacola, FL 32526		
	<del></del>	<del></del>	
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of the street address of	•	ALS: 1	
6415 Ard Road		SEP -9 PMI CRETARY OF LAHASSEE. F	
6415 Ard Road Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	SEP -9 PM 12: ( CRETARY OF STA LAHASSEE, FLOR	FILED
6415 Ard Road Florida stree Pensacola,	<u></u>	SEP -9 PM Z: 02 CRETARY OF STATE LAHASSEE, FLORIDA	

(CONTINUED)

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

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

	e: Name and Address:  GR" = Manager  GRM" = Managing Member
МС	RM Amy Jayne 6415 Ard Road Pensacola, FL 32526
-	
(U	e attachment if necessary)
an effec or 90 da	V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days pres after the date of filing.)  OUIRED SIGNATURE:
<u>KF</u>	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.)
	Amy Jayne

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)

Typed or printed name of signee