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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: JHOLIE MICHELLE, LLC
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:
TRACY KANE, ATTORNEY Name of Person
DODSON PARKER BEHM & CAPPARELLA, PC
Firm/Company
1310 6TH AVENUE, NORTH
Address
NASHVILLE, TN 37208
City/State and Zip Code
TKANE@DODSONPARKER.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:
TRACY KANE at (615) 254-2291
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status \$\times 200.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

The name of	the Limited Liability Company is:
JHOLIE	MICHELLE, LLC
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II	- Address.

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
17862 121st Terrace, N	17862 121st Terrace, N
Jupiter, FL 33478	Jupiter, FL 33478

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:

Jholie Michelle Lawrence Name 17862 121st Terrace, N Florida street address (P.O. Box NOT acceptable) Jupiter 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)

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

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

MGRM	Jholie Michelle Lawrence
	17862 121st Terrace, N Jupiter, FL 33478
	Jupiter, FL 33476
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	- Z
	55°
	RATE 59
(Use attachment if necessary)	
LEV. Effective date if other th	an the date of filing: (OPTIONA
fective date is listed, the date m	iust be specific and cannot be more than five business day
days after the date of filing.)	

(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.)

Tholie Michelle Lawrence
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)