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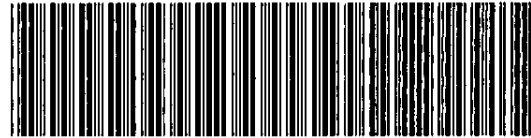
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV 29 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES BURT, 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:

George L. McCormick, Esq.
Name of Person

P.O. Box 49165
Firm/Company

St. Petersburg FL 33743
Address

attymccormick@gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George McCormick at (727) 851-6440
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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, 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
JAMES BURT, LLC
A Limited Liability Company**

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11 NOV 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the limited liability company is: JAMES BURT, LLC.

ARTICLE II - ADDRESS:

The mailing address and principal office of the limited liability company is:

13021 PELICAN LANE
MADEIRA BEACH, FL 33708

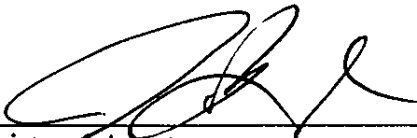
ARTICLE III - REGISTERED AGENT:

The name and address of the registered agent are:

JAMES BURT
13021 PELICAN LANE
MADEIRA BEACH, FL 33708

OATH OF REGISTERED AGENT:

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, Florida Statutes.



Registered Agent

ARTICLE IV - MANAGER MEMBER(S)

The name of each Manager or Manager Member is as follows:

Title:	Name and Address:
<u>MGRM</u>	JAMES BURT 13021 PELICAN LANE MADEIRA BEACH, FL 33708

ARTICLE V - EFFECTIVE DATE:

The effective date of these Articles shall be the date of filing hereof.

ARTICLE VI - PURPOSE:

The purpose of the limited liability company shall be shall be to carry on any lawful business which the company shall elect to carry on.

ARTICLE VII - TAX STATUS:

The company shall elect to be classified as an association taxable as a corporation, and will elect to be treated under Subchapter S of the Internal Revenue Code.

THESE ARTICLES ratified this 22nd day of November, 2011, by:


_____ Signature of Manager Member
<u>JAMES BURT</u>
_____ Printed name of Manager 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.)