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(I	Requestor's Name)
(/	Address)
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(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(1	Document Number)
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SECRETARY OF STATES
ALLAHASSEF, FIRBURA

J. SAULSBERRY EXAMINER

FEB 13 2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Name of Limited Liability Company	<u>C</u>		
The enc	closed Articles of Organization and fee(s) are submitted for filing.			
Please re	return all correspondence concerning this matter to the following:			
	Jason Daniel			
-	Name of Person			
-	Firm/Company			
	14024 Godbold rd.	TALLA TALLA	2012 F[EB 3	LM.
	Address	HE Z	83	
_	14024 Godbold Val. Address Tallahassee 32309	SSEE		1
	City/State and Zip Code	15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	PK သ	Ç
_	E-mail address: (to be used for future annual report notification)	<u> </u>		
For furt	ther information concerning this matter, please call:	. 🕦		
,	ason Daniel a1(850, 363-237)	5		
	Name of Person Area Code & Daytime Telephone Number			
Enclose	sed is a check for the following amount:			
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$155.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$155.00 Filing Fee & Certificate of Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\int_{\$160.00	f Status py	&	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	•
Jason Daniel	Construction, L	LC
(Must end with the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
		7 1 7
Principal Office Address:	Mailing Address:	
14024 Condenid Rd.	Same	
Tallahassee FL. 32309		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		tual or another
The name and the Florida street address of th	e registered agent are:	E 82
Jason Da	intel	2012 FEB 13 SECRETARY
Nar	me	SEE SEE
14024 Godb	old 12d,	E E E
Florida street	address (P.O. Box NOT acceptable)	န္ကြန္တိုင္း
Tallahassee	FL 32309	10 ₀
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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRAM Jason C. Daniel	14024 Godbold Rd. Taliahassee Fla. 32309
	SECRETA
	ASSEE, F
(Use attachment if necessary)	ORIDA

REQUIRED SIGNATURE:

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.)

constitutes a third degree felony as provided for in s.817.155, F.S.)

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)