(R	equestor's Name)	•
(A	ddress)	-
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL .
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	Filing Officer:	
	····	

Office Use Only

G. MCLEOD

FFB 17 2012

LA MIER



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COVER LETTER

TO:	Registration Division of	n Section Corporations			•		
SUBJE	CT: J	eff 1	Davis	4.	L.C.		
00202			Name of Lim	ited Liab	ility Company		
	*.		•				
The end	closed Articles	s of Organizati	ion and fee(s) are	e submitt	ed for filing.		·
Please	return all corre	espondence co	ncerning this ma	tter to th	e following:		
	•	Je	tt De	ک نیں۔	CD.		
		- ~	~ N ·	Name	or Person		
		<u>Jett</u>	<u>-′ ДАV</u>	<u> S</u>	L, L, C.		
	3	Creek	< Sida	ن (Cove		
				Ad	dress		
,	Cr	awford	lville,	FL	3232	7	
-	Je	AS D	AV & CO	ity/State	3232 and Zip Code St. Net e annual report notifi	cation)	in the second second
For fur			this matter, plea		e amuur report nomi	cation	
	Teff	DAVIS		at (_	850 <u>52</u> Area Code & Dayt	28-6	7362
	Na	me of Person .			Area Code & Dayt	time Telej	ohone Number
Enclos	sed is a check	c for the follo	wing amount:				
\$ 125.00) Filing Fee		Filing Fee & cate of Status	c	55.00 Filing Fee ertified Copy dditional copy is encl	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Divisior P.O. Bo	'Address tion Section n of Corporations x 6327 ssee, FL 32314	5	Street/Courier A Registration Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	ion porations Center C	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Company is	:	,	•
Je+	P Davis L	.L.C.		
. (Mus	t end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		rincipal office of the Limited L	Liability Compa	ny is:
Principal Office Ac	ldress:	Mailing Address:		
3 Creek Crawford	side cove ville, fl 32327	3 Creek Side (Crowfordville, Fi	1.00 1.32327	
(The Limited Liability Corbusiness entity with an action The name and the F	npany cannot serve as its own Registrate Florida registration.) lorida street address of the Seff Denote Serve S	divis cove divis FL 32327 State, and Zip	ividual or another 12 FEB 17 AM 9: 33	
Having been name	d as registered agent and to	accept service of process for th	e above stated li	mited

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 Algent'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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
M6-RM	Jeff DAVIS
·	
(Use attachment if necessary)	1 /
ARTICLE V: Effective date, if other than the	date of filing: $\frac{2}{17}/2$ (OPTIONAL)
(If an effective date is listed, the date must b	e specific and cannot be more than five business days prio
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	1 . 0
\ <i>\</i> //	
V V IA	
Signature of a member	er or an authorized representative of a member.
	er or an authorized representative of a member.

Typed or printed name of signee

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

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)