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SIANE STATE ORIDA

B. BOSTICK
FEB 2 4 2012
EXAMINER

COVER LETTER

Registration Section

TO:

Division o	f Corporations		
SUBJECT:		esign, L.L.C	
	Name of Limite	d Liability Company	
The enclosed Articl	es of Organization and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
		nna Dickluson	
		Name of Person	
	Jaco	Design , L.L.C	
		Firm/Company	
	2681 N. Elamo	ngo Rd, #70Z,	· ·
	2501 10 (Maril	Address	
	Sw	NV 158, FL 33323	12 FEB 23
			om 88 23
	Joco	SInbex @ gmail.c	om 90 S
	E-mail address: (to be used for	or future annual report notification)	m, <u>p</u>
For further informat	ion concerning this matter, please	call:	PH 12: 22 E. TLORID
	Dickinson	at (727) <u>599 - 5</u>	STATE TLORIDA
Na	ame of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
Joco De	esign, L.L.C	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	oility Company is
Daire de al OCC de Addresse	34.00	
Principal Office Address:	Mailing Address:	
385 Tavernier Circle Oldsmar, FL	385 Tavernier Circ	le
Oldsmar, FL	<u>oldsmar</u> , Fi	
34677	34677	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	f the registered agent are:	al or another
Joanna	Joanna Dickiuson	
	Name	S 10 =
385	Towernier Circle	me to the
Florida stro	eet address (P.O. Box NOT acceptable)	
	(, FL 34677	EB 23 PILIZ: 22 AHASSEE TLORID
C	City, State, and Zip	حزز

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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM Managing Member	Joanna Dickinson		
MGRM	385 Tovernier Circle Oldsmar, FL 34677 Logan Dickinson 385 Tovernier Circle		
<u> </u>	Oldsmar, FL 34677	<u> </u>	
NA	NIA	FEB 23 P	E E
(Use attachment if necessary)		FLORIDA	a marek?
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)		(OPTIONAL business days	
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.)

Logan Dickinson

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)