

12000028958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

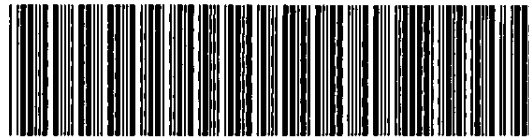
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 29 2012

EXAMINER



600219790536

02/03/12--01024--014 **160.00

FILED
12 FEB 28 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jerkyn Development Limited Liability Company
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:

Peter Osemobor

Name of Person

Firm/Company

1402 South East Kirk Lane

Address

Port St. Lucie, Florida 34983

City/State and Zip Code

sabo37@sbcglobal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

peter osemobor

Name of Person

at (**203**) **570-5853**

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

JERKYN DEVELOPMENT LIMITED

PO BOX 240, SUITE A, ST. PETER PORT HOUSE, SAUSMAREZ STREET,
ST PETER PORT, GUERNSEY GY1 3PG, CHANNEL ISLANDS
TEL. +44 (0) 1481 726 300 - FAX, +44 (0) 1481 729 200

Ms Gina McLeod
Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee
Florida 32314
USA

24th February 2012

4510/WH

Fax no. 00 1 850 245 6066

Dear Ms McLeod,

REF NUMBER: W 12000007169
LETTER NUMBER: 212A00004917

This is to confirm that Jerkyn Development LLC registered in the BVI and registered with the state of Florida as a foreign corporation is the same as the one that we are trying to register as a Florida LLC.

Kindly approve the use of the name, JERKYN DEVELOPMENT LIMITED LIABILITY COMPANY.

Yours sincerely,



W Hunter
Director

Feb. 24. 2012 11:41AM

Dinosaur Securities

No. 2062 P. 2

JERKYN DEVELOPMENT LIMITED

PO BOX 240, SUITE A, ST. PETER PORT HOUSE, SAUSMAREZ STREET,
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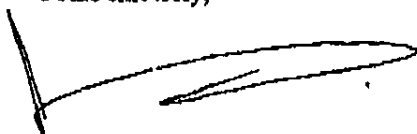
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Yours sincerely,



W Hunter
Director

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jerkyn Development Limited Liability Company

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1402 South East Kirk Lane

Port St. Lucie

Florida, 34983

Mailing Address:

1402 South East Lane

Port St. Lucie

Florida, 34983

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:

Peter Osemobor

Name

1402 South East Kirk Lane

Florida street address (P.O. Box NOT acceptable)

Port St. Lucie, FL 34983

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..

Peter Osemobor

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Peter Osemobor

1402 South East Kirk Lane

Port St. Lucie, Florida 34983

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Peter Osemobor

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.)

Peter Osemobor

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)