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Certified Copies	_ Certificate:	s of Status
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D. BRUCE

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EXAMINER

COVER LETTER

Division of C	Corporations					
_{subject:} John	son & Wayne					
	Name of Limite	d Liability Co	mpany			
The enclosed Articles	of Organization and fee(s) are s	submitted for fi	iling.			
Please return all corre	spondence concerning this matte	er to the follow	ving:			
Cedric V	Vayne Johnson II	·		· · · · · · · · · · · · · · · · · · ·		
		Name of Person	ı			
Johnson	n & Wayne LLC					_
		Firm/Company				
9541 10	3rd Street Apt 619					
	· · · · · · · · · · · · · · · · · · ·	Address		•		
Jacksonvi	lle, FL 32210			*****		_
	City	//State and Zip C	Code	ΑLL	12	_
cedricwjoh	nson2@gmail.com			A	ž 🔣	
	E-mail address: (to be used for	or future annual	report nontication	ASS	¥	*******
For further informatio	n concerning this matter, please	call:	•	m,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	. J → Popera
Cedric W. John	ison li	at (904	386-612		↑ 16	*ET
Nam	e of Person	Area C	lode & Daytime T	elephone Number	7 69	
Enclosed is a check	for the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160,00 Filin Certificate of Certified Con (additional copy	f Status & py	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address stration Section sion of Corporation on Building Executive Cente hassee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacksonville

Johnson & Wayne LLC		
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
9541 103rd Street Apt 619	9541 103rd Street Apt 6	19
Jacksonville, FL 32210	Jacksonville, FL 32210	
* ****		.g.
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an	
The name and the Florida street addres	s of the registered agent are:	TAR ASS
Cedric W.Johns	son II	
	Name	
9541 103rd	Street Apt 619	TATE ORIDA
Florida	street address (P.O. Roy NOT acceptable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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..

City, State, and Zip

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	<u>Nar</u>	ne and Address:		
"MGRM" = Managing	Member			
MGR	Ced	ric W. Johnson II		
				
		, , , , , , , , , , , , , , , , , , ,		
		<u> </u>		

(Use attachment if nece	ssary)			
TICLE V: Effective date, if				
an effective date is listed, th r 90 days after the date of f		c and cannot be more than	five business day	s prior
	<i>.</i>			
REQUIRED SIGNAT	URE:		~	
<u>Cé</u>	dic Johnson		12 MA	וור
~	•	thorized representative of a n	SP 🚓	-
constitutes an a I am aware tha	.ffi-matian undar tha nanal	lorida Statutes, the execution of ties of perjury that the facts state mitted in a document to the Dep led for in s.817.155, F.S.)	this document	ILED
	dric W. Johnson II		Sa RIO	
	Typed or prin	nted 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)