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SECRETARY OF STATE

ANALYSISE, PLORIC

D. BRUCE

MAY 25 2012

EXAMINER

TO: Registration Section Division of Corporations
SUBJECT: JIMMY J. CLAY. L.L.C. 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:
Jimmy J. CLAY Name of Person
Name of Person
Firm/Company
15900 N.E. BOB SANDERS RD.
HOSFORD, FL. 32334 City/State and Zip Code
JIMMY CLAY 52 @ GMALL . COM /E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jimmy CLŁY at (850) 933 - 7946. Name of Person Area Code & Daytime Telephone Number - St.
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
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: Mailing Address:
HOSFORD, FL. 32334
HOSFORD, FL. 32334
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: Timmy J. CLAY Name P. C.
Florida street address (P.O. Box NOT acceptable)
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 relative to the proper and complete performance of the lattice and large familiar with and

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..

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this documents constitutes an affirmation under the penalties of perjury that the facts stated herein are frue? 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.)

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

May 25, 2012

Jo Whom it May Concern

I have no intention of
reinstating my previous LLC

Jimmy J. CLAY LLC (L08000094756)

Hank you hay

TILLED 12 MAY 25 AM 10: 09