# L120WU 95360



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Office Use Only

B. KOHR

JUL 24 2012

**EXAMINER** 

#### **COVER LETTER**

	on Section f Corporations		
SUBJECT: JAK	KE Industries, LLC	· .	Ş
	Name of Limit	ed Liability Company submitted for filing.	Š
		The state of the s	္ သ
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	ون ۔۔
Please return all cor	respondence concerning this mat	ter to the following:	7
Mary A	nne Schafer		
		Name of Person	_
Jake Ir	dustries, LLC		
		Firm/Company	_
11200	102nd Ave # 85		
		Address	_
Seminol	e, Fl 33778		
	•	y/State and Zip Code	-
mschafei	1213@yahoo.com	or future annual report notification)	_
		•	
For further informat	ion concerning this matter, please	call:	
Mary Anne So	hafer	at (703 ) 350-3249	
Na	me of Person	Area Code & Daytime Telephone 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 & \$160.00 Filing Fee, 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

	:		· - 2
The name of the Limi	ted Liability Co	ompany is:	2 G
Jake Industrie	es, LLC		12 JUL 28
(Must e	and with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")	PH SPE
ARTICLE II - Addr The mailing address a		ss of the principal office of the Limited Liabi	•
Principal Office Add	lress:	<b>Mailing Address:</b>	
11200 102nd Ave, # 8	35	11200 102nd Ave # 85	
Seminole, FI 33778		Seminole, Fl 33778	
(The Limited Liability Comp business entity with an activ	pany cannot serve as ve Florida registration	Registered Office, & Registered Agent's Si its own Registered Agent. You must designate an individua on.) ess of the registered agent are:	
(The Limited Liability Comp business entity with an activ The name and the Flo	pany cannot serve as ve Florida registration	its own Registered Agent. You must designate an individua on.) ess of the registered agent are:	
(The Limited Liability Comp business entity with an activ The name and the Flo	nany cannot serve as we Florida registration rida street addre	its own Registered Agent. You must designate an individua on.) ess of the registered agent are:	
(The Limited Liability Computations of the Limited Liability Computations of the Liability Compu	nany cannot serve as we Florida registration orida street addre Mary Anne Sc	its own Registered Agent. You must designate an individual on.)  ess of the registered agent are:  chafer	
(The Limited Liability Compusiness entity with an active The name and the Flo	nany cannot serve as we Florida registration orida street addresser Anne Sc. 1200 102	its own Registered Agent. You must designate an individual on.)  ess of the registered agent are:  chafer  Name	
(The Limited Liability Compusiness entity with an active The name and the Flo	nany cannot serve as we Florida registration orida street addresser Anne Sc. 1200 102	its own Registered Agent. You must designate an individual on.)  ess of the registered agent are:  chafer  Name  nd Ave # 85	

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	Name and Address:
"MGRM" = Managing Mem	ber
MGR	Mary Anne Schafer
• • • • • • • • • • • • • • • • • • • •	11200 102nd Ave, # 85
	Seminole, FI 33778
·	
	**************************************
(Use attachment if necessary)	)
LE V: Effective date, if other	than the date of filing: (OPTION
	e must be specific and cannot be more than five business da
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.)

MARY ANNE Schafer
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)