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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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Office Use Only



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| ACCOUNT NO. : I2000000195 | |
|--|---------|
| REFERENCE: 371468 83343A | |
| AUTHORIZATION: | |
| COST LIMIT : \$ 125.00 | |
| ORDER DATE : August 13, 2012 | Pa R |
| ORDER TIME : 3:46 PM | |
| ORDER NO. : 311465-005 | |
| CUSTOMER NO: 83343A | |
| | -56-5-6 |
| DOMESTIC FILING | Still Q |
| NAME: JENNSUE LLC | |
| | |
| EFFECTIVE DATE: | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Becky Peirce - EXT. 2919 | |
| EXAMINER'S INITIALS: | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| Γhe name of the Limited Liability Company is: | |
|--|---|
| JENNSUE LLC | |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 845 VALHALLA WAY | 6845 VALHALLA WAY |
| VINDERMERE, FL 34786 | WINDERMERE, FL 34786 |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the recompanies of | egistered agent are: |
| Tallahassee | FL 32301 |
| the following the first term of the contract o | te, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S Becky Peirce |

(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> | | Name and Address: | | |
|---------------|--|---|--------------------|-------|
| | R" = Manager | | | |
| "MG | RM" = Managing Member | | | |
| MGF | RM | DAVID L. WHEELER | | |
| | | 6845 VALHALLA WAY | _ | |
| | | WINDERMERE, FL 34786 | - | |
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| (Use | attachment if necessary) | | | |
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| ARTICLE V | : Effective date, if other than the da | te of filing: (OPTIC |)NAL) | |
| • | · · · · · · · · · · · · · · · · · · · | pecific and cannot be more than five business | days p | rior |
| to or 90 days | after the date of filing.) | | | |
| | | | | |
| DEO | Hibris elematible. | | | |
| KEQ | <u>UIRED</u> SIGNATURE: | | | |
| | | <u>A</u> | 12 | , |
| | /s/ David L. Wheel | er D | = | |
| | | r an authorized representative of a member. | 12 AUG 13 AM 8: 54 | T |
| | | SSS | ြယ | 一 |
| | constitutes an affirmation under the | 8(3), Florida Statutes, the execution of this documents be penalties of perjury that the facts stated herein are true | <u>`</u> ≥ | FILED |
| | I am aware that any false informati | on submitted in a document to the Department of State | : ELE | U |
| | constitutes a third degree felony as | provided for in s.817.155, F.S.) | 33 | |
| | DAVID L. WHEELI | | | |
| | 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)