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B. BOSTICK

SEP 1 3 2012

**EXAMINER** 

### COVER LETTER

	Registration Section  Division of Corporations	
SUBJEC	CT:	LC
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	James Jones Name of Person	<u></u>
_	James Jones Contracted Services LCC	<u>.</u>
_	1448 Nashville drive	
_	Address	765°
		FP [3
For furth	E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:	## F
	Name of Person  at (#50)  Area Code & Daytime Telephone Number	<b>B</b> N
Enclose	d is a check for the following amount:	
\$125.00 I	Filing Fee \$\int_{\text{\$130.00}}\$ Filing Fee & \$\int_{\text{\$155.00}}\$ Filing Fee & \$\int_{\text{\$160.00}}\$ Filing Fe & Certificate of State (additional copy is enclosed)} \$\int_{\text{\$160.00}}\$ Filing Fee & Certificate of State (additional copy is enclosed)}	us &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

James Jones Contra	cted Services CLC
(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 principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1448 Nashville dr Tall Pl 32310	same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Sames	Jones III
Name	
1448 Norshuil	(e d)
Florida street add	ress (P.O. Box NOT acceptable)
Tall	FL 32310 The 32 17
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all
- · · · · · · · · · · · · · · · · · · ·	rformance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member  MGCM	James Joses III. 1448 Nashville dr Tall H 32310	
	ALL AR T	
	SSEE A	
(Use attachment if necessary)	DRIVE SECTION OF THE PROPERTY	5
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:	•	

Signature of a mémber 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.)

James Jones III

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)