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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE AND A SECRETARY OF STA

JAN 1 8 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: William Jean Properties LLC.

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:

Gary W. Essary	
Name of Person	TALLAR TALLAR
Firm/Company	HASS
10273 Gulf Blvd.	是 是
Address	1.0.5
Treasure Island, FL 33706	Rich 3
City/State and Zip Code	
kellyessary@aol.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly R. Essary

_{at (} /2/

424-9893

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & 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	
William Jean Properties LLC.	Liability Company, "L.L.C.," or "LLC.")
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Comparisis:
Principal Office Address:	Mailing Address:
10273 Gulf Blvd.	10273 Gulf Blvd.
Treasure Island, FL 33706	Treasure Island, FL 33706
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t	cred Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Gary W. Essary	
	lame
,	
10273 Gulf Blvd.	
Florida strec	et address (P.O. Box <u>NOT</u> acceptable)
Treasure Island, FL 3	3706 _{FL}
	y, State, and Zip
liability company at the place designated	d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as upacity. 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..

(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 Member		
MGRM	Kathy J.Essary	
	59 Little Zion Rd.	
	Corinth, MS 38834	
MGRM	Gary W. Essary	
	59 Little Zion Rd.	3 1
	Corinth, MS 38834	
	SET	П
	e of A	
	3 -	
(Use attachment if necessary)		
	an the date of filing: (OPTIONAL)	
an effective date is listed, the date or to or 90 days after the date of fili	must be specific and cannot be more than five business	aays
of to of 30 days after the date of this	ng.)	
REQUIRED SIGNATURE:		
	11	
f	· · · · / Fug. ·	
	y w carry	
Signature of a n	nember or an authorized representative of a member.	
	on 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.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Gary W. Essary

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.)

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee