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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration S Division of Co					
SUBJE	CCT:	Jeanne	∞ .	M- Laren,	LLC	
3020		Name of I	Limited Lia	ability Company		
The en	closed Articles o	of Organization and fee(s)	are submi	tted for filing.		
Please	return all corresj	condence concerning this	matter to	the following:		
		Teanne	₩ Name	e of Person	ren	
	ン	eanne M	γ.	Mc Laren, L	LC	
	157	Club	1.5	ouse Blv	J	
	Niew	a Smyr	9a	Beach	FL	32168
	Jean	nc Marie 5		e and Zip Code (a	om	
For fur	ther information	concerning this matter, p	lease call:			
Je	Name	of Person	at (619 244 Area Code & Daytime Telep	Ohone Number	<u> </u>
Enclos	sed is a check f	or the following amou	nt:			
\$125.	00 Filing Fee	□\$130.00 Filing Fee Certificate of State	1S (155.00 Filing Fee & Certified Copy additional copy is enclosed)	\$160.00 Filir Certificate of Certified Co (additional cop	f Status & py
		Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Jeanne M. McLaren, LLC		
(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 Con	npany	is:
Principal Office Address: Mailing Address:		
157 Club Horse Blud 157 Club House Bli New Smylna Beach, FL New Smyrna Beach, FL 32168	/d	
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:		
Jeanne M. M. Laren		
Name 157 C/45 House B)vd Florida street address (P.O. Box NOT acceptable)		
New Smyrn, Bosed FL 32/65 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provall statutes relating to the proper and complete performance of my duties, and I am family and accept the obligations of my position as registered agent as provided for in Chapter 6	nent as visions liar wit	s of th
John M. M. Lon		
Registered Agent's Signature (REQUIRED)	<u>_</u>	NIO.
(CONTINUED)	13 MAR 25	SECRETARY
Page 1 of 2		ORPOS

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 "MGRM" = Managing Member	Name and Address:
MGR	Jeanne M. McLaren 157 Club House Blud New Smyrona Beach, FL 32168
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) st be specific and cannot be more than five business days

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.)

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

Teane M. M. Lace

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)

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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