## L1300004738Y

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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T. HAMPTON

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	Milip Jones Name of Limit	ed Liability Company			
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.			
Please return all corresp	ondence concerning this matt	er to the following:			
	Philip Jones	Name of Person			
		Name of Person	_		
		Firm/Company	_		
2113 Mistletoe Ct. Address					
		Address	_		
	Tallahussee,	72. 32317			
	Dvandie ID a E-mail address: (to be used to	72. 32317 y/State and Zip Code  ComCast. Net or future annual report notification)			
For further information	concerning this matter, please	call:			
Anily Name	Jon 5 of Person	at (			
Enclosed is a check f	or 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

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	<del></del>		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabilit	y Comp	oany is	s:
Principal Office Address:	Mailing Address:			
2113 Mistle toe C+.	2113 Mistletue Ct	•		
Tallahassee, FL 32317	Tallahassee, FL 3231	<del></del>		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
2113 Mistletae	25			
	FL 32317 te, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accept the ap ty. I further agree to comply with the e performance of my duties, and I am	pointme e provis familia	ent as sions o ar with	of h
Registered Agent's Signatu	WWD ure (REQUIRED)	SECRE TALLA	13 AP	
(CONTINU	J <b>ED)</b>	TAR SSATE	R - 1	Up Hoose

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	
<u>MGRM</u>	Philip Jones 2113 Mistletoe Ct. Tallohassee, FL. 32317
<del></del>	
(Use attachment if necessary)	
,	(0,000)
	he date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
	08.408(3), Florida Statutes, the execution of this document
constitutes an affirmation und I am aware that any false info	der the penalties of perjury that the facts stated herein are true.  remation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
<u> </u>	hilip DNOS Typed or printed name of signee
Filing Fees:	Typed of printed name of signed
\$125.00 Filing Fee for Articles of Or	ganization and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	al) (57AT 0
# 5.00 Certificate of Status (Option	an)