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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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May 29, 2013

JOHN E. COOPER 95011 PINEY ISLAND COURT FERNANDINA BEACH, FL 32034

SUBJECT: JC ENTERPRISES, LLC. Ref. Number: W13000031170

We have received your document for JC ENTERPRISES, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is JC ENTERPRISE, LLC -- Doc. Number L07000023705.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 313A00013508

(850) 245-6051.

COVER LETTER

JC Enterprises of Amelia, LLC

| | COVE | R LETTER | |
|--|--------------------------------------|---|--|
| TO: Registration Section Division of Corporati | ons | | |
| SUBJECT: JC Ente | rprises of | Amelia, LLC | The state of the s |
| SUBSECT. | | ed Liability Company | 2 3 |
| The enclosed Articles of Organ | zation and fee(s) are s | submitted for filing. | |
| Please return all correspondence | e concerning this matte | er to the following: | |
| John E. Co | oper | | 7 |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| 95011 Pine | y Island C | Court | |
| | | Address | |
| Fernandina | Beach, F | T 32034 | |
| JCEnterprises: | • | y/State and Zip Code | |
| • | | or future annual report notification) | |
| For further information concern | ing this matter, please | call: | |
| John Cooper | | .904 \ 335-72 | 280 |
| Name of Person | 1 | at () Area Code & Daytime Telep | |
| Enclosed is a check for the fo | ollowing amount: | | |
| - | 0.00 Filing Fee & tificate 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) |
| <u>Mail</u> | ing Address | Street/Courier Address | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| office of the Limited Liability Company is: ing Address: Piney island Court indina Beach, Fl 32034 A Registered Agent's Signature: it. You must designate an individual or another |
|---|
| office of the Limited Liability Company is: ing Address: Piney Island Court indina Beach, Fl 32034 A Registered Agent's Signature: |
| office of the Limited Liability Company is: ing Address: Piney Island Court indina Beach, Fl 32034 A Registered Agent's Signature: |
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| d agent are: |
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| D. Box NOT acceptable) |
| 32034 |
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| ervice of process for the above stated limited ificate, I hereby accept the appointment as rther agree to comply with the provisions of mance of my duties, and I am familiar with lagent as provided for in Chapter 608, F.S |
| |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

| "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | |
| | |
| MGR | John E. Cooper |
| | 95011 Piney Island Court |
| | Fernandina Beach, Fl 32034 |
| MGRM | Vicki H. Cooper |
| | 95011 Piney Island Court |
| | Fernandina Beach, Fl 32034 |
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| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than | ust be specific and cannot be more than five busine |
| LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE: | and the |
| LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE: | ust be specific and cannot be more than five busine |
| LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a men constitutes an affirmation unlam aware that any false inf | nust be specific and cannot be more than five busines.) |

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)