#L 13000/2/3/8

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Number
(Document Number)
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER

AUG 27 2013

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: 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: hirm/Company City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (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

The name of the Limited Liability Company is:	EFFECTIVE DATE
(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 Lia	bility Company is:
Principal Office Address: Mailing Address:	
2180 2m2 Street 2180 2m2 Street	<u>+</u>
Mulberry, F.L. 338600 Mul Derry, F.L. 3	<u>3860</u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualist business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Correlie Jackson Name 2186 2nd Street	FILED SECNATASSEE
Florida street address (P.O. Box <u>NOT</u> acceptable) City, State, and Zip	F STATE FLORIDA
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and and accept the obligations of my position as registered agent as provided for in	e appointment as h the provisions of I am familiar with
Registered Agent's Signature (REOLURED)	

(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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Comallel Jackson
	218625 5tret Mulbern 5.L 33860
mg RM	Zakiya Jackson
	2180 12nd Street
and Marinisan de Alberta Marinish and Marinish and Alberta Marinish Alberta Marinish	•

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Hag. 19,2013. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)