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DIVISION OF CORPORATIONS

13 SEP 12 PM 12: 1.

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(850) 245-6051.

COVER LETTER

то:	Registration S Division of Co				
SUR	_{iect:} Jenr	nifer L. Fury, L	LC.		
5014			ed Liability Comp	any	
The e	nclosed Articles o	f Organization and fee(s) are	submitted for filing	g.	
Please	e return all corresp	ondence concerning this matt	er to the following	g:`	
	Jennife	r L. Fury			
			Name of Person		
			Firm/Company		
<u>,</u>	3209 M	lanatee Ave. \			
/		. 5. 0.4005	Address		
	Braden	ton, FL 34205			
	furyjl@yal		y/State and Zip Cod	e	
	14.77.67	E-mail address: (to be used	for future annual rep	ort notification)	
For fi	ırther information	concerning this matter, please	call:		
Je	nnifer Fu	ıry	941	,51832	75
	Name	of Person		e & Daytime Telep	phone Number
Enclo	osed is a check for	or the following amount:			
■\$12:	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	рру	\$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	Registra Division Clifton I 2661 Ex	Courier Address tion Section of Corporations Building secutive Center Cosee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li		mpany is:		
Jennifer L. Fury, LLC.				
(Mu	st end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		s of the principal office of the Limited Liability C	ompan	y is:
Principal Office A	ddress:	Mailing Address:		
3209 Manatee Ave. W.		3209 Manatee Ave, W.		
Bradenton, FL 34205		Bradenton, FL 34205		
business entity with an a	ctive Florida registration	ts own Registered Agent. You must designate an individual or and a.) ess of the registered agent are: Name	3 SEP 12 P#12: 46	SECRETARY OF SIME DIVISION OF CORPORATION
	Florie	da street address (P.O. Box NOT acceptable)	27	946
	Bradenon	_{FL} 34208		
		City, State, and Zip		
liability compan registered agent a all statutes relati	y at the place design and agree to act in ang to the proper an digations of my pos	ent and to accept service of process for the above st gnated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the product complete performance of my duties, and I am fair sition as registered agent as provided for in Chapte gent's Signature (REQUIRED)	ntment rovision niliar v	as is of vith

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:

"MGRM" = Managing Member	er
MGR	Jennifer L. Fury
	5108 39th Ave. E.
	Bradenton, FL 34208
	Committee of the control of the cont
	<u></u>
	13 SEP
	2
	PH 12: 46
	12:
	# The state of the
LE V: Effective date, if other	than the date of filing: (OPTION
(Use attachment if necessary) LE V: Effective date, if other fective date is listed, the da or 90 days after the date of f	than the date of filing: (OPTION te must be specific and cannot be more than five busin
LE V: Effective date, if other fective date is listed, the date or 90 days after the date of f	than the date of filing: (OPTION te must be specific and cannot be more than five busin
LE V: Effective date, if other fective date is listed, the date or 90 days after the date of f	than the date of filing: (OPTION te must be specific and cannot be more than five busin
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of fective date after the date of fective days after the date of fective days after d	than the date of filing: (OPTION te must be specific and cannot be more than five busin iling.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)