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J. SAULSBERRY EXAMINER

SEP 19 2013

COVER LETTER

TO: **Registration Section Division of Corporations** J.A.W., LEASING, L.L.C 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: JUANITA WILLIAMS Name of Person J.A.W., LEASING, L.L.C. Firm/Company 910 NORTH EXCELDA AVENUE Address TAMPA, FLORIDA 33609 City/State and Zip Code WRSW32A@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES E. TAYLOR, JR. at 407 Name of Person 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 Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

J.A.W., LEASING, L.L.C. (Must en	d with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre		in ain at a CC an a Calon I finale at I for	-1-124 C
The mailing address ar	id street address of the pr	incipal office of the Limited Lia	ability Company is:
Principal Office Add	ress:	Mailing Address:	
910 NORTH EXCELDA AVE	ENUE	910 NORTH EXCELDA AVENUE	
TAMPA, FLORIDA 33609		TAMPA, FLORIDA 33609	
		ered Agent. You must designate an individ	
The name and the Flori	Florida registration.) ida street address of the r ARLES E. TAYLOR, JR., ESQ. Name	egistered agent are:	2013 SEP 18
The name and the Flori	ida street address of the r ARLES E. TAYLOR, JR., ESQ. Name	egistered agent are:	SEP 18
The name and the Flori	ida street address of the r ARLES E. TAYLOR, JR., ESQ. Name WEST PINE STREET		SEP 18 24
The name and the Flori	ida street address of the re ARLES E. TAYLOR, JR., ESQ. Name WEST PINE STREET Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	SEP 18 24
The name and the Flori	ida street address of the real ARLES E. TAYLOR, JR., ESQ. Name WEST PINE STREET Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	SEP 18

(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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	JUANITA WILLIAMS
	910 NORTH EXCELDA AVENUE
	TAMPA, FLORIDA 33609
MGRM	WILBERT WILLIAMS
	910 NORTH EXCELDA AVENUE
	TAMPA, FLORIDA 33609
LE V: Effective date, if other than ffective date is listed, the date n	n the date of filing: (OPTION nust be specific and cannot be more than five busin
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