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SECRETARY OF STATE

OCT 1 8 2013

T. BROWN

(850) 245-6051

COVER LETTER

:OT

Registration Section Division of Corporations

SUBJECT: Martin Jones, 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:

use return an extrespondence concerning and matter to the ronormig.
Martin E. Jones
Name of Person
Martin E. Jones, L.L.C.
Firm/Company
1188 Edgewood Avenue
Address
Jacksonville, Florida 322 1 5
City/State and Zip Code
martinjones66@live.com
E-mail address: (to be used for future annual report notification)
further information concerning this matter, please call:
Martin E. Jones _{at (} 904) 923-7663
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate 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)

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:	TARCALLA OF STATE OF
Martin E. Jones, Limited Liability Company		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	75, 75
ARTICLE II - Address:		OBJECT
The mailing address and street address of the	principal office of the Limited Lia	bility Company is.
Principal Office Address:	Mailing Address:	EFFECTIVE DAT
1188 Edgewood Avenue	1188 Edgewood Avenue	10-10-13
Jacksonville, Florida 32205	Jacksonville, Florida 32205	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of th	e registered agent are:	
Martin E. Jones		
Nar	me	
1188 Edgewood Avenue	11 (0.0 0 100 111)	
	address (P.O. Box <u>NOT</u> acceptable)	
Jacksonville, Florida 3	<u> </u>	
City,	State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

		·
Mgr.	<u> </u>	Martin E. Jones
		1188 Edgewood Avenue
		Jacksonville, Florida 322195
		
(Use attachmen	t if necessary)	
	a data :Cathanthan t	he date of fillings, 10 10 2013 (OPTION)
	-	he date of filing: 10.10.2013 (OPTIONAL). (OPTIONAL). (OPTIONAL)
	•	
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ffective date is	er the date of filing.)	
ffective date is or 90 days afte	0,	•
ffective date is	0,	

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)

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.)