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Florida Department of State
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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.
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**FLORIDA LIMITED LIABILITY CO.
JUANMAR, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

OCT 31 2013

T CLINE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AjanMar, LLC

(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 Liability Company are:

Principal Office Address:

229 SE 34TH PL
OCALA, FL 34471

Mailing Address:

229 SE 34TH PL
OCALA, FL 34471

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARIA GUEVARA

Name

229 SE 34TH PL

Florida street address (P.O. Box **NOT** acceptable)

OCALA FL 34471

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.

Claudia Guevara

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
CLAUDE L. HASSER, FLO
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

JAMIE VARGAS
229 SE 34TH PL
OCALA, FL 34471

MGRM

MARIA GUEVARA
229 SE 34TH PL
OCALA, FL 34471

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

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TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

Claudia Guevara

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.)

MARIA GUEVARA

Typed or printed name of signer