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SECRETURY OF STATE
TALLAHASSEE, FLORIDA

FILED

1742 5 208 1. 1. 2.14, 2.13 (850) 245-6051.

## **COVER LETTER**

	of Corporations			
SUBJECT:	Cellu	lar Junki	ie	
	Name of Limi	ted Liability Com	pany	
The enclosed Artic	les of Organization and fee(s) are	submitted for filin	ıg.	
Please return all co	rrespondence concerning this mat	ter to the following	g:	
	Jerem	y D. Tea	aue	
		Name of Person	3	
<del></del>		Firm/Company	<del> </del>	
	4654	Flynn A	ve	
		Address	<del> </del>	
	Jackson	ville Fl, 3	32209	
		ty/State and Zip Coo		
	Cellular.Jur  E-mail address: (to be used			
For further informa	tion concerning this matter, please		port nouncation)	
_	_		202 47	·20
Jeremy	I eague	_at (904	302-47	
ח	agne of Person	Area Coo	ie & Daytime Telepi	ione Number
Enclosed is a che	ck for the following amount:			
□\$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	Certified Conditional conditio	-	\$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 2661 Ex	Courier Address tion Section n of Corporations Building secutive Center Ci ssee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Cellular Junk	ie, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "L.L.C.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	iability Co	mpany is:
Principal Office Address:	Mailing Address:		
5426 Blanding Blvd	4654 Flynn Ave		
Jacksonville, Fl 32244	Jacksonville, FL 32209		
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results of the resul	egistered agent are:	ridual or anoth	er
4654 Flynn A	Num.		
	ress (P.O. Box <u>NOT</u> acceptable)		
Jacksonville	32209		
	FL 02200 te, and Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacal statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept ( ity. I further agree to comply w e performance of my duties, and	the appoint with the pro d I am fami	tment as visions of iliar with
Registered Agent's Signatu	ure (REQUIRED)		
(CONTIN	UED)	SECRETA	<b>FIL</b> 2013 NOV 22
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SECRETARY OF STATE

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	Jeremy D. Teague	
	4654 Flynn Ave	
	Jacksonville, FL 32209	
4-34-4-6-4		
	Agents and the second s	
	م المراجع	
<del></del>		
(Use attachment if necessary)  ICLE V: Effective date, if other that	n the date of filing: (OPTIONAL	ر)
ICLE V: Effective date, if other than	n the date of filing: (OPTIONAl must be specific and cannot be more than five businesses.)	.) s days
ICLE V: Effective date, if other that a effective date is listed, the date is	must be specific and cannot be more than five business	ـ) ه days
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five business	.) s days
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