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FFECTIVE DATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:J3 Development
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:
Paul Joseph Name of Person
Name of Person
J3 Development Firm/Company
Firm/Company
5806 N. Miani Place
Address
Tampa FL 33604 City/State and Zip Code P. josepha me. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
P. Josephame. com
For further information concerning this matter, please call:
Paul Joseph at 303 915-2872 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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 1 - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "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 is:	
Principal Office Address: Mailing Address:	
5806 N. Miami Place same	
Tampa, Ft 33604	
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 another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Paul Joseph Name 5806 N. Miami Place	dual or SECOND FT
Name	高 1 E
5806 N. Miani Place	新の門
Florida street address (P.O. Box NOT acceptable)	125 E
Tampa FL 33604 City Zip	PA 12: 07 PA 12: 07 EFFLORIDA
Having been named as registered agent and to accept service of process for the above stated limited liabilithe place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as proceedings of the proper and complete of the proper and I am familiar with and accept the obligations of my position as registered agent as proceedings.	o act in this performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Paul Joseph
MGR	5806 N. Miani Place Tampa FL 33604
- TOR	Todd Jenkins 5806 N. Miani Place Tampa Fl 33604
(Use attachment if necessary)	
EV: Effective date, if other than the d	ate of filing:
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E V: Effective date, if other than the directive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the directive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
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