L14000007214

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W14-517				

Office Use Only



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2014 JAN -2 AM 6: 51

EFFECTIVE DATE 0/02/14

MAN'14 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2014

NANCY M. HOUSEHOLDER 27982 LANCE DRIVE BONITA SPRINGS, FL 34135

SUBJECT: JAMMIN' JELLY LLC. Ref. Number: W14000000517

We have received your document for JAMMIN' JELLY LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 414A00000207,

www.sunbiz.org

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	cct: JA	nmin' Telly Name of Limite	UC.				
		Name of Limite	d Liability Company				
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.				
Please	return all corresp	ondence concerning this matte	er to the following:				
	NAN	icy M. House	HOLDER Name of Person				
	JAMI	MIN' JELLY L	LC.				
27982 LANCE DRIVE Address							
•							
	BONITA SPRINGS FL 34135 City/State and Zip Code						
		City	/State and Zip Code				
-		E-mail address: (to be used for	or future annual report notification)				
For furt	her information	concerning this matter, please	call:				
/\/,	ANCY M. Name	House HOWER	at (239) 229 – Area Code & Daytime Tele	6188 phone Number			
Enclos	ed is a check fo	or the following amount:					
□ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 C Tallahassee, FL 32301		PROME		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:		
The name of the Lin	nited Liability Company is:		
JAMM	IN JELLY LL	C.	
(Mus	t end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address of the pri	ncipal office of the Limited Liz	ability Company is:
Principal Office Ad	ldress:	Mailing Address:	
27982 LANC	EDR.	SAME	
BONITH SPA	2NGS, FL 34135		dddwyddiwyddiwyddiwydddiw
	ipany cannot serve as its own Registe	Office, & Registered Agent's red Agent. You must designate an individ	dual or another
The name and the Fl	orida street address of the re	gistered agent are:	
-	NANCY M. Ha	USE HOLDER	
-	27982 LANCE	DR.	AM 6:
	Florida street addr	ess (P.O. Box NOT acceptable)	and the contract of

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.

Registered Agent's Signature (REQUIRED)

PONITM SPRINGS, FL City, State, and Zip

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 0/102/14

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
MGR	NANCY M. HOUSEHOLDER 27982 LANCE DR. BONICH SPRINGS FL 34135					
MGRM	UAN R. HOUSEHOLDER 27982 LANKE DR. BONITA SPRINGS, FL 34135					
(Use attachment if necessary)						
	date of filing: Tank Aly 2, 2014. (OPTIONAL) be specific and cannot be more than five business days					
REQUIRED SIGNATURE:						
Jan R. t.	bestell					
	Signature of a member or an authorized representative of a member.					
constitutes an affirmation under t I am aware that any false informa	408(3), Florida Statutes, the execution of this document, the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)					
LAN RHO	WEHOLDER NO					
	ed or printed name of signee					
Filing Fees:	हुन <u>ज</u>					
\$125.00 Filing Fee for Articles of Organ	dization and Designation					

of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)