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EFFECTIVE DATE

14 FEB 24 PH 12: 26

FEB 2 5 2014

T. BROWN

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Lincoln Jaymac Investments 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:
Janet Elizabeth Spicer
Name of Person
443 Springwood Way
Address
City/State and Zip Code City/State and Zip Code Cox. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janet Spicer at 850, 974- 4244
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 & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \$\$Certified Copy (additional copy is

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

The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.,"
(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: 2-24-19
Principal Office Address: Mailing Address: 443 Springwood Way Niceville, Fl. 325 78
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: Savet Spicer Name
Florida street address (P.O. Box NOT acceptable)
Niceville, FL 32578 City 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 605, F.S Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager Phaling	Name and Address: Jennifer Hargett Noffke
	12 Edward Cate Po
	
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E V: Effective date, if other than the date ective date is listed, the date must be speffiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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ARTICLE IV-