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(Re	equestor's Name)	<u></u>
(Ad	dress)	······································
(Ad	dress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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T. BROWN

## **COVER LETTER**

ä.

TO: Registration Section
Division of Corporations

JSW Onlin

JSW Online Enterprises LLC

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:

Jacqueline S Wright	
Name of Person	
F:/C	· · · · · · · · · · · · · · · · · · ·
Firm/Company 1404 Old Apopka Road	
Address	
Apopka, FL 32703	
City/State and Zip Code	
jswchonp@aol.com	
E-mail address: (to be used for future annual report notif	fication)
For further information concerning this matter, please call:	
Jacqueline S Wright 321 277-6719	
Name of Person Area Code Daytime Telephone N	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy ditional 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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			<u> </u>
ARTICLE 1 - Name			40 7
The name of the Lin	nited Liability Company	is:	16 6 6 6
JSW Online Enterprises Lt	_C		
	(Must end with the wor	ds "Limited Liability Company, "L.L	ity Company is:
			7.0% <b>F</b>
ARTICLE II - Add		principal office of the Limited Liabil	lity Company is:
The maning address	mid street address of the	principal effice of the Emilion Election	ms, company m.
Principal Office Ad	ldress:	Mailing Address:	,
1404 Old Apopka Road		1404 Old Apopke Road	
Apopka, FL 32703		Apopka, FL 32703	
		red Office, & Registered Agent's Si	
		e as its own Registered Agent. You m	nust designate an individual or
another business en	tity with an active Florid	a registration.)	
The name and the FI	orida street address of th	ne registered agent are:	
The name and the T	origa sireet address of a	to registered agent are.	
	Jacqueline S Wright		
		Name	
	1404 Old Apopka Road		•
	Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
	Apopka	fl 32703	
	Cit		·····
	O.		
Having been named	l as registered agent and	to accept service of process for the ab	ove stated limited liability company at
the place design	ated in this certificate, I h	hereby accept the appointment as regis	tered agent and agree to act in this
		e provisions of all statutes relating to t	
of my duties, and	l I am familiar with and a	accept the obligations of my position as	registered agent as provided for in
		Chapter 605, F.S	
	/ 1	1 11-1	
	Jacaneli	ine S. WRight	
	Registered A	gent's Signature (REQUIRED)	
		<b>~</b>	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Jacqueline S Wright
PARTICIPATION OF THE PARTICIPA	1404 Old Apopka Road
	Apopka, FL 32703
<del></del>	
	and the second s
E V: Effective date, if other than the date of	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after
(Use attachment if necessary)  E V: Effective date, if other than the date of ective date is listed, the date must be speciof filing.)  E VI: Other provisions, if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date of ective date is listed, the date must be specinf filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after
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E V: Effective date, if other than the date of ective date is listed, the date must be special filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 60)	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date of sective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memical file of the section 60 constitutes an affirmation und I am aware that any false information in the section of the section o	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
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Page 2 of 2