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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
BIVISION OF CORPORATIONS

1 MAD 11 PM 12: 56

MAR 18 2014 J. HARRIS

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	JR's Satellite	2	
	Name of L	imited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this r	matter to the following:	
	John Rodo	Name of Person	
	. 1	tell; te Firm/Company	
	430 22	nd Aue SE Address	SECRETARY OF SIATION OF CORPORATION 14 MAR 14 PM 12: 56
		Address	R OF SE
	St. Peter	Sburg, FL. 33705 City/State and Zip Code	
			T SE
	Johns roc E-mail address: (to be us	ed for future annual report notification)	: 5 6
For further i	information concerning this matter, ple		3. 66
John	Rodgers at (727) 252 - 8070 Area Code Daytime Telephone Number	
	a check for the following amount:		
□\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\int \frac{1}{3}\frac{160.00}{3}\text{ Filing Fee,} \text{ 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	ee of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
430 22nd Ave SE 5t. Petersburg, FL. 33705	430 Z2nd Aue SE St. Petersburg, FL. 33705	
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)		or
The name and the Florida street address of the registered ag	ent are;	
Satellite City Name 7052 Narcoossee	, Inc.	
Name	# (
7052 Narcoossee	Rd #4	
Florida street address (P.O. Box N	OT acceptable)	
Orlando	FL 32822	
City	Zip	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter	e appointment as registered agent and agree to act all statutes relating to the proper and complete perfo	in this ormance
Mark From		
Registered Agent's Signature	e (REQUIRED)	ROISIAID FURSIAID
(CONTINUED		유공. 6건년
Page 1 of 2	PM 12: 56	ORPORATION ORPORATION

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR = Manager MGR	John Rodaers		
	430 22 nd Ave SE		
	St. Petersburg, FL. 33705		
			
			
(11			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and the date of filing.) ARTICLE VI: Other provisions, if any.	d cannot be more than five business days prior to	or 90	days afte
(If an effective date is listed, the date must be specific and the date of filing.) ARTICLE VI: Other provisions, if any.	d cannot be more than five business days prior to	or 90	days afte
(If an effective date is listed, the date must be specific and the date of filing.)	d cannot be more than five business days prior to	or 90	days afte
REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 (1) (b constitutes an affirmation under the penalties of perjur I am aware that any false information submitted in a deconstitutes a third degree felony as provided for in s.8	an authorized representative of a member. A Florida Statutes, the execution of this document y that the facts stated herein are true. Document to the Department of State 17.155, F.S.)	or 90	days afte
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(If an effective date is listed, the date must be specific and the date of filing.) ARTICLE VI: Other provisions, if any. Signature of a member of (In accordance with section 505.0203 (1) (be constitutes an affirmation under the penalties of perjur I am aware that any false information submitted in a deconstitutes a third degree felony as provided for in s.8 Tolor Typed Filing Fees: \$125.00 Filing Fee for Articles of Organization and Desor of Registered Agent \$30.00 Certified Copy (Optional)	an authorized representative of a member. Florida Statutes, the execution of this document y that the facts stated herein are true. Tocument to the Department of State 17.155, F.S.) The State of t	14 MAR	SECRET DIVISION O
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