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1. Shivers MAY 1 2 2014

## **COVER LETTER**

	ration Section n of Corporations		
SUBJECT: JA	AND J SALES, LLC Name of Lin	nited Liability Company	<del></del>
	ticles of Organization and fee(s) and correspondence concerning this m	_	
JAN	MES R. WILLIAMS	Name of Person	·
		Firm/Company	
102	01 WEST BEAVER STREET L	_OT 39 Address	<del>_</del>
engine pro	; ാതിive com	City/State and Zip Code  d for future annual report notifica ase call:	tion)
JAMES R. WIL	LIAMS at ( !	904 ) <u>803-9030</u> Area Code Daytime Tel	ephone Number
Enclosed is a chord state of the	eck for the following amount:  Fee \$\Bigsiz\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
~ <u>.</u> .	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adding Registration Section Division of Corporat - Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
J AND J SALES, LLC		
(Must end with the words "Limite	ed 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:	
10201 WEST BEAVER STREET LOT 39 JACKSONVILLE, FL 32220	10201 WEST BEAVER JACKSONVILLE, FL 3	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration	n Registered Agent. You must	
The name and the Florida street address of the registere	ed agent are:	
JAMES R. WILLIAMS		<del>-</del>
Nan	ne	
10201 WEST BEAVER STE		_
Florida street address (P.O. Be	ox NOT acceptable)	
JACKSONVILLE, FL 32220		_
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the acceptacity.	ept the appointment as registere is of all statutes relating to the p	d agent and agree to act in this roper and complete performance
		- 6.3
Registered Agent's Sign (CONTIN	(UED)	14 MAY -6 AMI
		IIO: 34 LORIDA

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	IABATO DI JAMILIANAO
MGR	JAMES R. WILLIAMS 10201 WEST BEAVER STREET LOT 39
	JACKSONVILLE, FL 32220
	SACKSONVILLE, I L SZZZS
	*
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Use attachment if necessary)	
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CVI: Other provisions, if any.  REOUIRED SIGNATURE:	and cannot be more than five dusiness days prior to or
CVI: Other provisions, if any.  REOUIRED SIGNATURE:	er or an authorized representative of a member.
EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 60,002)	er or an authorized representative of a member.
Filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member (In accordance with section 600 02) constitutes an affirmation under the I am aware that any false information	er or an authorized representative of a member.  103 (1) (b), Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true.  103 on submitted in a document to the Department of State
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ARTICLE IV-