L14000126682

(Reque	estor's Name)
(Addre	ss)
(Addre	ss)
(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Досиг	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only



800262985988

08/08/14--01008--009 **125.00

08/08/14--01008--010 **30.00

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14 AUG 12 PM 1: (

SECRETARY OF STATE DIVISION OF CORPORATIONS

M6 13 2014 J. HARRIS

CORPORATE

When you need ACCESS to the world

	ACCESS,
	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	WALK IN
	PICK UP: 8/7
X	CERTIFIED COPY
	РНОТОСОРУ
	CUS
X	FILING LLC
1.	JASL, LLC (CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	L INSTRUCTIONS:

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JASL LLC	Name of Limited Liabili	ty Company	
The enclosed Articles of Organizati		•	
Please return all correspondence co	ncerning this matter to the i	ollowing:	
Susan C. Reiter	Name of	Person	
JASL, LLC	Firm/Co	MORNY	
1 Corrine Street	z inis out		
T SWITT SHOUL	Addre	85	
Ocean Ridge, FL 334	City/State and	•	00)
For further information concerning		umoa: report nonticati	oay
Susan C. Reiter Name of Person	at (<u>917</u> Area Code		phone Number
Enclosed is a check for the followin	e amount:		
☑ \$125.00 Filing Fee ☐\$130.00	Filing Fee & S155.0 te of Status Certific	D Filing Fee & d Copy I copy is enclosed)	Si 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations 2314	Street/Courier Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle



Corrected

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2014

CORPORATE ACCESS, INC

SUBJECT: SUSAN C. REITER Ref. Number: W14000048897

We have received your document for SUSAN C. REITER and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 714A00017174

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
JASL, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1 Corrine Street	1 Corrine Street	
Ocean Ridge, FL 33435	Ocean Ridge, FL 33435	
The name and the Florida street address of the registered a NRAI Services, Inc. Name 1200 South Pine Island Road Florida street address (P.O. Box 1)	·	AUG 12 PH 1:
Plantation	FL 33324	<u>ယ</u> ခွာက
Cîty	Zip	$\bar{\tau}$
Having been named as registered agent and to accept serv. the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	the appointment as registered agent and agree to act is all statutes relating to the proper and complete perforgations of my position as registered agent as provided r 605, F.S.	n this rmance for in

(CONTINUED)
Page 1 of 2

<u>Titk:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Susan C. Reiter
	1 Corrine Street
	Ocean Ridge, FL 33435
AMBR	Susan C. Reiter
	1 Corrine Street
	Ocean Ridge, Ft 33435
	· · · · · · · · · · · · · · · · · · ·

Use attachment if necessary)	
V: Effective date, if other than the titve date is listed, the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must be filling.)	date of filing:
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	date of filing:
V: Effective date, if other than the tive date is listed, the date must be filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or
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EV: Effective date, if other than the ective date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State
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Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)