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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168 Phone : (727)322-0909

Fax Number : (727) 322-0520

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VISION OF COMPERCIAL
MEGRATION SERVICES

FLORIDA LIMITED LIABILITY CO. JAYNE G DESIGNS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

AUG 1 4 2014

S. YOUNG

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ARTICLE I - Name;

#14000 1907523

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JAYNE G DESIGNS, LLC	ords "Limited Liability Company, "L. L.C.," or "LLC.")	
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RTICLE II - Address:		
he mailing address and street address of th	se principal office of the Limited Liability Company is:	
Cincipal Office Address:	Mailing Address:	
4505 78TH LN N	CAME	
ST PETERSBURG, FL 33709	SAME	
NTICLE III - Realsfored Agant Raniets	Averi Office & Pagtetared Agapt's Signature.	
	ered Office, & Registered Agent's Signature: ve as its own Registered Agent, You must designate an individual or	
The Limited Liability Company cannot sep-	ve as its own Registered Agent, You must designate an individual or da registration.)	
The Limited Liability Company cannot ser- nother business entity with an active Plorte	ve us its own Registered Agent, You must designate an individual or da registration.)	
The Limited Liability Company cannot ser- nother business entity with an active Plorte	ve as its own Registered Agent, You must designate an individual or da registration.) The registered agent are:	<u>.</u>
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The Limited Liability Company cannot ser- nother business entity with an active Ploric The name and the Florida street address of t	ve us its own Registered Again, You must designate an individual or da registration.) the registered agent are: IGS CPA Name	1 255 -
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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 (REOUTRED)

(CONTINUED)

Page 1 of 2

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"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	IAVNE CARDINIED	
WOL	JAYNE GARDINIER 4505 78TH LN N	
	ST PETERSBURG, PL 33709	

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(Use attachment if necessary)		
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E VI: Other provisions, if any. REQUIRED SIGNATURE:	Inc and cannot be more than five business days pr	lor to or 96
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