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(Rec	questor's Name)	
(Add	lress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Evan Jones Painting Contract Name of	or LLC Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Eyan Jones	*** ** ** * * * * * * * * * * * * * *	
	Name of Person	
	Firm/Company	2014 SEP 29 SEGRETAR
_PO Box 3374		
St. Augustine, FL 32085	Address	9 AM P 02
St. Augustine, 1 L J2003	City/State and Zip Code	12 6
jone6950@bellsouth.net E-mail address: (to be	used for future annual report notifica	7**
For further information concerning this matter,	please call:	
	at (<u>904</u>) <u>504-2950</u>	-
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status		☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corporat	

Registration Section Division of Corporation P.O. Box 6327 Tallahassec, FL 32314 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:	
Evan Jones Painting Contractor 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 off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
881 Kings Estate Road	PO Box 3374
St. Augustine, FL 32086	St. Augustine, FL 32086
The name and the Florida street address of the registered a <u>Evan Jones</u> Name	gent are.
Name	
881 Kings Estate Road	
Florida street address (P.O. Box I	NOT acceptable)
St. Augustine	FL 32086
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
a c o	
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

Page 1 of 2

Same and the same

<u>Title:</u>		Name and Address:	
"AMBR" = Authorized	Member		
"MGR" = Manager			
Mgr		Evan C. Jones	
		PO Box 3374	
		St. Augustine, FL 32085	
	•		
			· · · ·
	•	ling: (OPTION c and cannot be more than five business days pri	NAL) or to or 9
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