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RECEIVED DEPARTMENT OF STATE

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CAPITAL CONNECTION, INC. \$417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • \$1-800-342-8062 • Fax (850) 222-1222

JIMMY'S JAMMERS	LLC		
		<u> </u>	
			
		<u> </u>	Art of Inc. File
			LTD Partnership File Foreign Corn File
			L.C. File
			Fictitious Name File
			Trade/Service Mark 95 5
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
`			Photo Copy
			Certificate of Good Standing
	١		Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
•			Vehicle Search
			Driving Record
Requested by: BA	11/5/14		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	_ Will Pick U _l	D	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JIMMY'S JAMMERS LLC

(Must end with the words "Limited Liabllity 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:

17714 HANNA ROAD **LUTZ, FL 33549**

17714 HANNA ROAD LUTZ, FL 33549

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JAMES A. MCEACHERN Name

17714 HANNA ROAD Florida street address (P.O. Box NOT acceptable)

LUTZ

FL

33549

Æ.

City

State

Zip-

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

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage	ge and control the Limited Liab	oility Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name & Address:	
Authorized Member:	JAMES A. MCEACHE 17714 HANNA ROAD LUTZ, FL 33549	RNCLANIASSE
<u>Manager</u>		MA 4: 05
(Use attachment if necessary)		28° (1
ARTICLE V: Effective date, if other than the date of filing_(If an effective date is listed, the date must be specific and cannot be The date of filing.)		PTIONAL) to or 90 days after
ARTICLE VI: Other provisions, if any.		

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.8170155, F.S.)

JAMES A. MCEACHREN
Typed or printed name of signee

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)