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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JRTS Prof	
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	
Ted Shannon	~
	lame of Person
JRTS ProPe	rties 11c
900 Wellings	on Dr
	Address
Clearwater	FL 33764
ted & Shannon	FL 33764 State and Zip Code
E-mail address: (to be used for	future amual report notification)
For further information concerning this matter, please of	all:
ted Shannon at (36) Name of Person A	0,508 6372
Name of Person As	ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & Certified Copy dditional copy is enclosed) \$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
JRTS Properties 1/c
(Must end with the words "Limited 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: Mailing Address:
Clearwarer F1 33264 Same
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:
Ted Shannon
1ed Shannon Name 900 Wellington Dr
Florida street address (P.O. Box NOT acceptable)
ClearWater FL 33764
City 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 Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Jay Reckenwald
4mBR	634 Lavment St
AMBR	Clachunter 17 222
4	<u> </u>
AMBR	Ted Shares
	900 LACILLO Sun DA
	CLECTWATER F1 33764
	
EV: Effective date, if other than the detire date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days afte
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