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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Jajoco, L	LC Name of Lin	nited Liability Company	
The enclosed Articles of	f Organization and fee(s) as	re submitted for filing.	
Please return all corresp	ondence concerning this m	atter to the following:	
Tiare Dard	er	Name of Person	
		Name of Person	
<u>Jajoco, LL</u>	c	F:/C	
		Firm/Company	
8810 Twin	Lakes Blvd		
		Address	
<u>Tampa, FL</u>			
	C	City/State and Zip Code	
tdarder@frontbur	nerbrands.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information	concerning this matter, plea	ase call:	
<u>Tiare Darder</u> Name	of Person at (_	813) 425-6217 Area Code Daytime Tel	ephone Number
Enclosed is a check for	_	_	_
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	St60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ng Address	Street/Courier Addr	ress
Regis	tration Section	Registration Section	
	on of Corporations	Division of Corporat	ions
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Jajoco, LLC	iability Company, "L.L.C.," or "LLC.")	
(Must end with the words "Limited L	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:	
8810 Twin Lakes Blvd Tampa, FL 33614	8810 Twin Lakes Blyd Tampa, FL 33614	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an i	individual or
The name and the Florida street address of the registered a	agent are:	7 5
Mark T. Johnston		
Name	Č	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8810 Twin Lakes Blvd		
Florida street address (P.O. Box]	NOT acceptable)	
Tampa	FL 33614	
City	Zip	<u> </u>
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligions. Chapter Registered Agent's Signatus.	the appointment as registered agent and a f all statutes relating to the proper and con gaffons of my position as registered agent r/605, F.S	gree to act in this nplete performance

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Mark T. Johnston	
	8810 Twin Lakes Blvd	
	Tampa, FL 33614	
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi	filing: 01/31/2015 (OPTIONAL) fic and cannot be more than five business days prior to or 9 befor an authorized representative of a member.	t: 50
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the section of the	filing: 01/31/2015 (OPTIONAL) fic and cannot be more than five business days prior to or some five period of this document the penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State as provided for in s.817.155, F.S.)	t: 50