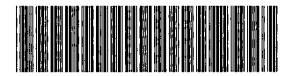
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

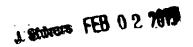
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SEGRETARY OF STATE TALLAHASSEE, FLORIDI



## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: Ron Jones R		ited Liability Company	
The enclosed Articles of Or	ganization and fee(s) are	e submitted for filing.	
Please return all correspond	ence concerning this ma	atter to the following:	
Ron Jones		Name of Person	
Ron Jones Re	ferral Services, LLC	F'(C)	
		Firm/Company	
<u>15900 Front B</u>	each Road #104	Address	
Panama City F	Beach, FL 32413	ity/State and Zip Code	
roniones@roniones.o E-n	com nail address: (to be used	I for future annual report notifica	tion)
For further information cond	perning this matter, plea	se call:	,
Mary Lane Name of I		350 ) <u>269-7590</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the t	following amount:		
	130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box	on Section of Corporations	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ron Jones Referral Services, LLC (Must end with the words "Limited L	ciability 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:
15900 Front Beach Road #104 Panama City Beach, FL 32413	15900 Front Beach Road #104 Panama City Beach, FL 32413
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or .)
The name and the Florida street address of the registered a	gent are:
. <u>Mary Lane</u> Name	
42 Business Centre Drive #112 Florida street address (P.O. Box I	
Miramar Beach	FL 32550
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obliging	vice 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
m -	As n
Registered Agent's Signatu	ire (REQUIRED)
(CONTINUE	D) SEC A
Page 1 of 2	LOR 99 D

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Ron Jones
	15900 Front Beach Road #104
	Panama City Beach, FL 32413
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 o
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