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Office Use Only



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COVER LETTER

	gistration S vision of Co		ns					
SUBJECT:		JW.	Frame Name of	Gall Limited	ery Liability	LLC	<u>م</u>	
The enclose	d Articles of	`Organiz	ation and fee(s	i) are sub	mitted for	· tiling.		
Please return	n all corresp	ondence	concerning thi	s matter t	o the toll	owing:		
-			Jill	W ₁	TKin mc of Per	<u>ろめい</u> son		
-			JW	Fran	ne E m/Corapa	raller	·y	
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	j	wfra E-mail a	AMC 90 ddress: (sube	11cr	y a Jure am	gmai Jil report n	. Co	ion)
For further i			ig this matter.					
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	Name	oi ruisoi		Ate	i Couc	Daytii	ine reie	phone Aumoer
Enclosed is	a check for t	he follov	ving amount:					
\$125.00 Fili	ng Fee		00 Filing Fee & leate of Status	(Certified (iling Fee & Jopy opy is enclo		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N1315-	سداداد وسر			C*	ost/Consis	n Adday	u e

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
JW Frame Gall (Must end with the words "Limited)	erg LLC Liability Company, "L.L.C.," or "LLC."	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
1875-B South 14th ST Fernandina Bruch FL 32034	1875-B South 14 Fernandina Beach	th ST FL 32034
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate a	in individual or
The name and the Florida street address of the registered	_	
Jill Wilkins Name	on	
1631-A South Florida street address (P.O. Box	NOT acceptable)	
Fernandina Brac	h FL 32034	
City	Zip	
Having been named as registered agent and to accept sorthe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblice Chapter (CONTINUS). Registered Agent's Signation (CONTINUS).	the appointment as registered agent and a fall statutes relating to the proper and a gations of my position as registered age ar 605, F.S MAMMA THE (REQUIRED)	l agree to act in this complete performance
		0000

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Kill Wilkingson	
HIEF IE	Jill Wilkinson 1631-A South Fletcher Fernandina Beach, Fi	_A, <
	permanance percent	320
(Use attachment if necessary)		
ffective date is listed, the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to o	er 90 days
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ffective date is listed, the date must be specific of filing.) T.E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb	Dullulus or or an authorized representative of a member.	
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REQUIRED SIGNATURE: Signature of a memb (In accordance with section 695.0) constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, the submitted in a document to the Department of States, as provided for in s.817.155, F.S.)	
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ARTICLE IV-