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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Harry B Jordan LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Harry Jordan Name of Person |
| Name of Person |
| |
| Firm/Company |
| 16243 Bristol Pointe Dr. |
| Address |
| 16243 Bristol Pointe Dr. Address Delvay Beach, FL 33446 City/State and Zip Code Marry Objordan Egmail. com E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Harry Jordan at (561) 251-4413 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Harry (Must end wi | B Jordan a | LLC | " or "LLC.") | |
|--|--|--|-----------------------------------|-----------|
| ARTICLE II - Address: The mailing address and street add | | • | | |
| <u>Principal</u> | Office Address: | | Mailing Address: | 7 |
| 16243 Brist | I Pointe Dr. FL 33446 | 16243 | Bristal Pointe Beach, FL 334 | Dr. 29 PH |
| | | | | |
| ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act | t, Registered Office, & R | legistered Agent's Sign | ature: | 2:4 |
| ARTICLE III - Registered Agent (The Limited Liability Company ca | t, Registered Office, & Rannot serve as its own Regive Florida registration.) | Registered Agent's Sign gistered Agent. You mus | ature: | 2:4 |
| ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act | t, Registered Office, & Rannot serve as its own Regive Florida registration.) | Registered Agent's Sign gistered Agent. You mus ent are: | ature: | 2:4 |
| ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act | t, Registered Office, & Rannot serve as its own Regive Florida registration.) | Registered Agent's Sign gistered Agent. You mus ent are: Mame Pointe Dr | ature: t designate an individu | 2:4 |
| ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act | t, Registered Office, & Rennot serve as its own Regive Florida registration.) dress of the registered age Harry Jorda Na 16243 Bristel | ent are: Point Dr O. Box NOT acceptable | ature: It designate an individu | 2:4 |

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)

Page 1 of 2

(CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | · - 1 |
| AMBR | Harry Jordan |
| | 16243 Bristal Pointe Dr. |
| | Delray Beach, FL 33446 |
| | |
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| (Use attachment if necessary) | ŧ., |
| LE V: Effective date, if other than the date of filifective date is listed, the date must be specific of filing.) | ing: (OPTIONAL) and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be |
| LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet the date inserted at the Department of States. | and cannot be more than five business days prior to or 90 da he applicable statutory filing requirements, this date will not be |
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ARTICLE IV-