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(Re	questor's Name)	_
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(Cit	y/State/Zip/Phone	: #)
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SECRETARY OF STATES OF STATES

06/23/15

COVER LETTER

	oducts			
•	Name of Li	mited Liabili	ty Company	
ed Articles of	Organization and fee(s) as	re submitted	for filing.	
rn all correspo	ndence concerning this m	atter to the fo	ollowing:	
James C Gas	t			
		Name of	Person	-
JetStraw Pro	ducts			
		Firm/Cor	npany	
340 Deer Poi	nt Drive			
		Addre	ess	
Gulf Breeze	Florida 32561			
		City/State and	Zip Code	***************************************
		1.0.0.		•
			nnuai report notificat	ion)
iformation cor	ncerning this matter, pleas	e call:		
James Gast			384 4592	
Name	e of Person A	rea Code	Daytime Telephon	
a check for th	e following amount:			
ling Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	d Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	ation Section	i	Registration Section	ions
	JetStraw Production of Correspondent Articles of the all correspondent Articles of the A	Name of Line and Fee(s) and real correspondence concerning this manual correspondence concerning the correspondence concerning the correspondence concerning the correspondence concerning this matter, pleased at the corre	Section of Corporations JetStraw Products Name of Limited Liabilities Name of Liabilities Name o	Vision of Corporations JetStraw Products Street Address Street Address

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JetStraw Products LLC. (Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Lightlity Company is
ne manning address and sureet address of the principal	office of the Elimited Blabinty Company is.
Principal Office Address:	Mailing Address:
340 Deer Point Drive	340 Deer Point Drive
Gulf Breeze	Gulf Breeze
Guil Breeze	Florida 32561
A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	Gulf Breeze

Jame C Gast

Name

340 Deer Point Drive

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze Florida 32561

reeze Florida 32561
City State 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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
President	James C Gast
	340 Deer Point Drive
	Gulf Breeze Florida 32561
Vice President	Helen J Gast
	340 Deer Point Drive
	Gulf Breeze Florida 32561
	· · · · · · · · · · · · · · · · · · ·

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James C Gast

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)