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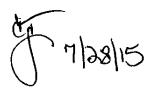
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TO ACKRUPLEDEE

RECEIVE OF THE PROPERTY OF THE

SECTION OF STREET







COVER LETTER

15 JUL 28 PH 4: 03

TO: Registration Section Division of Corporations	SPCRETAGE OF STATE
SUBJECT: Jenne Winited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Panayistic D. Vryniss Name of Person	
Jenoz IIC	د ا
Jennz LLC Prm/Company	
1212 Cherokee Dr	
Address	
1212 Cherokee Dr Address Tallochasee FL 32301 City/State and Zip Code Pete 1617186 @ G. Mail . Com E-mail address: (to be used for future annual report notification)	Jennz LLC 212 Cherokee Dr Jahassee, FL 3230
For further information concerning this matter, please call:	, A 9
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	.00 Filing Fee, ificate of Status & fied Copy onal copy is enclosed)

Mailing Address

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

Street Address

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 建 28 附 4:03

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF SIME

(Must end with the 3 ds "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1212 Cherokee Dr. Tallahans Fl. 32321	1212 Charotee Dr
Taleohouse F1 32301	
	Tallahousee Fil 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

N. D. Vrynios

Name

1212 Cherokee Dr

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

Tallahakee FL 3230/

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: 55ChE PARY (
AMBR	Panalfistis D. Vsynios 1212 Merokce Dr Tollahouse Fl 3230)
AMBR.	Micheal to Keith Kiff 3519. Cherokae to Ridge + poil Taka Markee FL 32312
fective date is listed, the date must b	date of filing:
LE V: Effective date, if other than the fective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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