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EFFECTIVE DATE
8-1-15

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SECRETARY OF STATE

AUG 1 0 2015

COVER LETTER

Division of Corporations
SUBJECT: No Job 2 Small 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:
David W. Skelton Name of Person
No Job 2 Small LLC Firm/Company
16605 N.E. 2nd Street
Gaines Ville, FL 32609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Skelton at (352) 213-4463 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional 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

ARTICLE I - Name: The name of the Limited Liability Company is:	2015 AVID
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	TALECRETARY OF 40
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	s:

Principal Office Address:	Mailing Address:	EFFECTIVE DATE
No Job 2 Small LLC 16605 NE 2nd Street Gainewille FL 32609	No Job 2 Small LLC 16605 NE 2nd Street Gainesville FL 32609	0.1-12

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:

David W. Skelton

Name

16605 NE 2nd Street

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

Galnesville FL 32609

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	David Skelton 16605 NE 2nd Street GAINESVILLE FL 32669
	
(Use attachment if necessary)	48/41/2415
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CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does rement's effective date on the Department. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is example a graph of the company of the c	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be l

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-