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SECRETIVEY OF STATE TAIL AHASSEE FLORING





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JA Ecker Enterprises 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:	
Jacqueline A Ecker	_
Name of Person	
JA Ecker Enterprises LLC Firm/Company	-
1 min Company	
2501 Prosper St #33 Address	_
Palatka, FL 32177 City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jacqueline A Ecker at (386) 328-2354 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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 COMPANIS 28 PM 2: 45

ARTICLE I - Name:	SECRETARY OF STATE
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
JA Ecker Enterprises LLC	
(Must end with the words "Limite	d 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:
2501 Prosper St #33	2501 Prosper St #33
Palatka, FL 32177	Palatka, FL 32177
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
Jacqueline A Ecker	
Nam	ne
2501 Prosper St #33	
Florida street address (P.O. B	ox NOT acceptable)
Palatka	FL 32177
City	Zip
the place designated in this certificate, I hereby according capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the c	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
Registered Agent's Sign	Ecker
// Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)
Page 1 of 2



<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECRETARY OF STATE TALLAHARSEE FLORIDA
AMBR	Jacqueline A Ecker
	2501 Prosper St #33
	Palatka, FL 32177
Tective date is listed, the date must	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than th	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90
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