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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	JDog Holdings LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Larry W. Rivers
	Name of Person
	JDog Holdings LLC
	Firm/Company
	7801 Palmilla Court
	Address
	Reunion, FL 34747-1511
	City/State and Zip Code larryrivers@riversgrp.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Larry W. Rivers 202 538-7417
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address

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

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 - Na	ime:			
The name of the I	Limited Liability Company is:			
JDog	Holdings LLC			
<u></u>	(Must end with the words "Limi	ted Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre	ddress: ess and street address of the principa	office of the Li	mited Liability Company is:	
	Principal Office Address:		Mailing Address:	
7801 1	Palmilla Court		PO Box 470865	
	on, FL 34747-1511		Celebration, FL 34747	
	entity with an active Florida registrate Florida street address of the registe <u>Larry W. Rivers</u>			
	7801 Palmilla Cou	ırt		
	Florida street addı	ress (P.O. Box N	OT acceptable)	
	Reunion	FL	34747	
	City	State	Zip	
place designated in Aurther agree to con	d as registered agent and to accept se this certificate, I hereby accept the a nply with the provisions of all statute, ad accept the obligations of my posite Reg	ppointment as reg s relating to the p on as registered a	gistered agent and agree to act in the roper and complete performance of	is capacity. I my duties, and I

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	7901 Polovillo Court
Larry W. Rivers AMBI	7801 Palmilla Court Reunion, FL 34747-1511
	Reunion, FL 34/4/-1311
Judy K. Rivers AMBR	7801 Palmilla Court
Judy K. Kivels AMBK	Reunion, FL 34747-1511
	Reduitor, 12 34141-1511
<u> </u>	
EV: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not
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ARTICLE IV-

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