

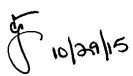
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10/23/15--01003--005 **125.00





COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: 1-844- JAI L BAD 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:
Eoghan P McGill Name of Person
Firm/Company
Po Box 18364 Address
TAMPA FL 33679 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eoghan M. G. Mat (813) 323-0255 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed))
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 15 OCT 23 PH 3-24

. . .

ARTICLE I - Name:

The name of the Limited Liability Company is:

1-844- JAJIBAD LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

CONTARY OF STATE

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address

4116 W. MCKAY AVE TAMBA, FI. 33609 P.D. ROX 18364 TAMPA, FL 73679

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:

Foghan P. McGill

4/16 W MC KAY AVE Florida street address (P.O. Box NOT acceptable)

TAMBA FL 33609
City State Zin

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	EDAHAN & MCGill
	416 W. MCKAY AVE
	TAMPA F1 33609
	0, 7
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(Use attachment if necessary)	
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