## L/5000202625

(Re	equestor's Name)	
(		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone#	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Cartified Canica	Contisiontos	d Chabus
Certified Copies	_ Certificates C	or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

and the second

10: Registration Section Division of Corporations		
SUBJECT: JAMES WALDRON COMPANY I	LC	
Name of Life	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
JAMES WALDRON		
	Name of Person	
	Firm/Company	
1408 SW 47ST	Address	
	Addivss	
CAPE CORAL, FL 33914		
	City/State and Zip Code	
ilukewaldron@yahoo.com	ed for future annual report notifica	ation)
•	•	
For further information concerning this matter, ple	ase call:	
JAMES WALDRON at (	239 ) 243-5740	
Name of Person		lephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Add	ress
Registration Section	Registration Section Division of Corporat	
Division of Corporations P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JAMES WALDRON COMPANY LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1408 SW 47TH ST CAPE CORAL, FL 33914	1408 SW 47TH ST CAPE CORAL, FL 33914
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
JAMES WALDRON	
Name	
1408 SW 47TH ST	
Florida street address (P.O. Box ]	NOT acceptable)
CAPE CORAL	FL 33914
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the following the fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the following the fall statutes.  In the fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the fall statutes.

(CONTINUED)

Page 1 of 2

15 DEC -1 AMII: 20

"AMBR" = Authorized Member "MGR" = Manager  JAMES WALDRON 1408 SW 47TH ST CAPE CORAL, FL 33914  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 3/18/15 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ce of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:    In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  JAMES WALDRON  Typed or printed name of signee  Filling Fees:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	**MMBR" = Authorized Member "MGR" = Manager  JAMES WALDRON 1408 SW 477H ST CAPE CORAL, FL 33914  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: 3/18/15 (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Title:	Name and Address:	
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\$ 5.00 Certificate of Status (Optional)