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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J. PAULUS INVESTMENTS 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:
Jeanne Paulus Name of Person
J. Paulus Investment LLC Firm/Company
1442 BUYGOS DV. SAVASOTA, FL 34238 Address
City/State and Zip Code City/State and Zip Code Jeannepaul Segmacl. Lom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone 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 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 - Name: . , ,

The name of the Limited Liability Com	pany is:				
	LUS IN e words "Limited I		N+S LLC y, "L.L.C.," or "LLC.")	***************************************	
ARTICLE II - Address: The mailing address and street address	of the principal of	fice of the Limite	d Liability Company is:		
Principal Offi	ce Address:		Mailing Ad	<u>dress</u> :	
1442 Burgos P Sarasota Flor 3423	ov. Ida		142 Burgo argusta F1 34238	S DV: ovida	
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active I	t serve as its own F	Registered Agent	ent's Signature: You must designate an i	individual or	
The name and the Florida street address	s of the registered a	agent are:		5 2	4-consess
	Jeann ₁	C Paul Name	NS	APR -5	Case of the
Flo	HUZ BM rida street address	VGDS D (P.O. Box NOT	acceptable)	PH E	
	rasota		34238	STATE: LORIDA	r≠mm-n-n-k.
	City	State	Zip	•	
laving been named as registered agent a	nd to accept service	e of process for th	ne above stated limited lia	shility company at t	he

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)

gistered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Men	Name and Address: mber	
"MGR" = Manager	10 5 1 Op 11 C	
MGR	Jeanne Paulus	
	Saraspta FI 34238	
	SAFA30100 P(30230	
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ARTICLE IV-