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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	JCS Communications	
SOBJECT	Name of Limited Lia	bility Company
The enclos	sed Articles of Organization and fee(s) are submitted	ed for filing.
Please retu	urn all correspondence concerning this matter to th	e following:
	Joel C. Staley	
	Name	of Person
	JCS Communications	
	Firm/	Company
	1351 Dutch Elm Drivw	
	Ac	ldress
	Altamonte Springs, Floida 32714	
	City/State joel.c.staley@gmail.com	and Zip Code
=	E-mail address: (to be used for futur	re annual report notification)
For further in	information concerning this matter, please call:	
	Joel C. Staley 407	242-9994
	Name of Person Area Code	Daytime Telephone Number
Enclosed is	is a check for the following amount:	
\$125.00 Fi	Certificate of Status Cer	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	Liability Company is:

JCS Communications LLC

(Must end with the words "Limited 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:

1351 Dutch Elm Drive Altamonte Springs, Florida 32714 1351 Dutch Elm Drive Altamonte Springs, Florida 32714

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:

Joel C. Staley

Name

1351 Dutch Elm Drive

Florida street address (P.O. Box NOT acceptable)

Altamonte Springs Florida 32714 City State Zip

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..

ered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Au "MGR" = Mar	thorized Member	Name and Address:	
AMBR	ager	Joel C. Staley	
11		1351 Dutch Elm Drive	
		Altamonte Springs, Florida 32714	
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