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COVER LETTER

Division of Corporations
SUBJECT: J. Nelson Sales & Marketing 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:
Jaime Nelson Name of Person
J. Nelson Sales & Marketing LLC Firm/Company
12200 RUCKledge CIR Address
Boca Ruson FL 33428 City/State and Zip Code City/State and Zip Code City/State and Zip Code Con & G Mail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 866.8726 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name: The name of the Limited Liability Company is:	FILI	ED
Jo Nelson Sales & Marketing LC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	2016 OCT 31	PM 1:09
(Must end with the words "Limited Liability Company, "L.E.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	TALLAHASSEE 39	UF STATE E. FLORIDA
Principal Office Address: Mailing Ad	ldress:	
12200 RICKIERGE CIR 12200 RICKI BICA RUTON FL 33428 BICA RUTON	ledge OL FL 33428	г
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 another business entity with an active Florida registration.)	individual or	
The name and the Florida street address of the registered agent are:		
Harold Lightman		
Name		
Florida street address (P.O. Box NOT acceptable)		
Dalm Learn Chardens FI 33410		
Palm beach bordens FL 33410 City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liplace designated in this certificate, I hereby accept the appointment as registered agent and agree to a further agree to comply with the provisions of all statutes relating to the proper and complete perform am familiar with and accept the obligations of my position as registered agent as provided for in Chap Registered Agent's Signature (REQUIRED)	ict in this capacity. ance of my duties, a	I
(CONTINUED)		

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)