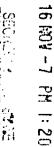
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(Re	questor's Name)				
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PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to I	Filing Officer:				
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Office Use Only



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COVER LETTER

ATTENDE

16 NOV -7 PM 1: 20

SECAELAMASSER LE CORIDA

TO: Registration Section
Division of Corporations

Э,

SUBJECT: Jade Woodworks 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:

Name of Person

Firm/Company

16 DICKSON BUG Rd

Address

Carrater FL 32346

City/State and Zip Code

-mail audress: (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 \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323 14

Street Address

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 Company is:	16 IMV -7 PH 1: 20
Jade woodworks LC	SECRETALIAMENTE FORIDA
(Must end with the words "Limited Liability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:
16 Dichson Bag rel Panacea FL 323 41	16 Dickison Buy Ril panucae FL 32340
ARTICLE III - Registered Agent, Registered Office, & Registered Age	nt'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:

16 Dick Son Bos 2d
Florida street address (P.O. Box NOT acceptable)

Danager City

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	ARTICLE IV-	,		Fig. 75
	Title:		to manage and control the Limited Liability Company: Name and Address:	16 NOV -7 PH 1: 20
	"AMBR" = Authorized "MGR" = Manager	Member	Lawton Johnson 'MGB'	SECRETAL AND SEE A ORIDA
			16 Drevison Bag Rd	
•	1 0000	•	Panacen Fl 37346	
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		other than the date of filing	g: (OPTIONAL) and cannot be more than five business days prior to or 9	A days after
the dat	e of filing.)			
Note:	If the date inserted in the	is block does not meet the	applicable statutory filing requirements, this date will no	ot be listed as
me aoc	cument's effective date o	n the Department of State	2's records.	
ARTIC	CLE VI: Other provisions	, if any.		
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 -	<u></u>			
				
	REQUIRED SIGNA	TURE://	//	
		faulo 4	and-	·
		Signature of a member	or an authorized representative of a member.	-
•		document is executed in a	accordance with section 605.0203 (1) (b), Florida Statutes	
	1 am : const	aware that any talse informitutes a third degree felon	mation submitted in a document to the Department of Stat y as provided for in s.817.155, F.S.	e
			Johnson	
		hawton		•

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)