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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JONMACK REAL ESTATE 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:
PHILLIP MC ARTHUR Name of Person
Name of Person
Firm/Company
3 LEEWARD CIRCLE
Address
TEQUESTA FL 33469
TEQUESTA FL 33469 City/State and Zip Code frackinfo a gmail. com g-mail address: (to be fised for future annual report notification)
For further information concerning this matter, please call:
Yohn Mc ARTHUR at (704) 905 0728 Name of Person Area Code Daytime Telephone Number
Name of Ferson Area Code Daytine Ferephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

JONMACK REAL ESTATE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

3 LEEWARI TEQUEST FL 334 69	O CIRCLE A		EEWARD EQUESTA EL 3340	CIRCLE
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	not serve as its own Reg			individual or
The name and the Florida street addre	PHILLIP	ent are: Mexic TH ame	ur	
F	3 LFF WA	20 CIR O. Box <u>NOT</u> acce	CLEeptable)	
	City	FState	3346 ² Zip	ଵ୍.
Having been named as registered agent place designated in this certificate, I he further agree to comply with the provisi am familiar with and accept the obligat	reby accept the appoint ions of all statutes relati	ment as registered and to the proper an	agent and agree to ac nd complete performa	ct in this capacity. I ince of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Mailing Address:

	ARTICLE IV- The name and address of each person a	authorized to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	MGR	JOHN H. MC ARTHUR 11715 CARISBROOK LANG CHARLOTTE, NC 28277
	<u>AMBR</u>	GARY A. COOPER D.D.S 7519 MEADOWDALE LANE CHARLOTTE. NO. 28212
		
(If an c	effective date is listed, the date must be s	te of filing:
(If an of the dat Note: the doc	CLEV: Effective date, if other than the date effective date is listed, the date must be s te of filing.)	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li-
(If an of the dat Note: the doc	CLEV: Effective date, if other than the date effective date is listed, the date must be ste of filing.) If the date inserted in this block does not becoment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li-
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