

L17000234286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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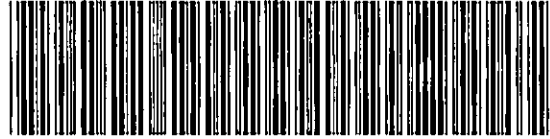
(Business Entity Name)

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Law Office of Edwards & Edwards, P.A.

6620 Southpoint Drive South, Suite 200, Jacksonville, Florida 32216
Ph. 904 222-0829 | Fax 866 770-4252 | www.EdwardsEdwardsLaw.com

TO: Registration Section
Division of Corporations

SUBJECT: JW & Sug., LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carleen Ashby Leffler, Esq.
EDWARDS & EDWARDS, PA
6620 Southpoint Drive South, Ste. 200
Jacksonville, Florida 32216

E-mail address (to be used for future annual report notification):
carleen@edwardsedwardslaw.com

For further information concerning this matter, please call:

Carleen Ashby Leffler, Esq. at (904) 222-0829

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
JW & SUG., LLC

ARTICLE I - NAME

The name of the limited liability company is JW & Sug., LLC. ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
9295 Zepher Lily Lane
Jacksonville, Florida 32219

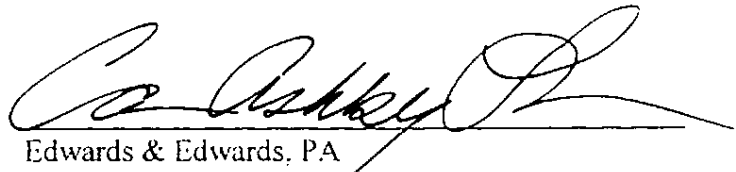
Mailing Address:
PO Box 2391
Jacksonville, Florida 32203

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Edwards & Edwards, PA
6620 Southpoint Drive South, Suite 200
Jacksonville, Florida 32216

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.


Edwards & Edwards, PA

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:


AMBR

Deirdre Williams
9295 Zepher Lily Lane
Jacksonville, Florida 32219

AMBR

Jordell Williams
9295 Zepher Lily Lane
Jacksonville, Florida 32219

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Deirdre Williams

Typed or printed name of signee