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PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER

	w Filing Section vision of Corporatio	ns	
ŞUBJECT:	JAY	Merlau	Enterprises LLC
		Name of Lin	nited Liability Company
			re submitted for filing. atter to the following:
	Dean	F	Name of Person
	999	Live	Oak Plantation Rd Address
	Ta	laha55ee	F1. 32312
	<u>Jmer</u> E-mail a	lauent e	City/State and Zip Code gmail. Com d for future annual report notification)
For further in	nformation concerning	p this matter pleas	se call:
	Dean Fm	2r.	850 508-6633
	Name of Per		Area Code Daytime Telephone Number
Enclosed is	s a check for the follo	wing amount:	
\$125.00 Fi	ling Fee \$130 Certi	00 Filing Fee & dicate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ction orporations 7	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 - Nam		_		
The name of the Lir	nited Liability	Company is:		
	Jan	merlau	Enterprises	LLC
	(Must contai	n the words "Limited Liabi	lity Company, "L.L.C.," or "	LLC.")
ARTICLE II - Add The mailing address		dress of the principal office	of the Limited Liability Con	ipany is:
	Principa	Office Address:	Ma	niling Address:

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:

Dean F merlau Tr

Name

999 Live Oak Plantachon Rd

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

Tallahasre Fl. 32312

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TELLED

SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
	Dean F Merlan Jr.
	TAILORASSEE FI. 37318
$\Lambda \Lambda \cap \Gamma$	TAILOHOSSEE Fl. 32318
MGK	
	
	•
(Use attachment if necessary)	
CLE V. Effective data if other than the date of filing	: (OPTIONAL)
effective date is listed, the date must be specific an	id cannot be more than five business days prior to or 90 days after
te of filing.)	•••••••••••••••••••••••••••••••••••••••
If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State	's records.
CLE VI. Other accurations if any	
CLE VI: Other provisions, if any.	
	,

Sgnature 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.

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)

SECRETARY OF STATE

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