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(Re	equestor's Name)	
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COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	J-TEMPTS EMPLOYMENT, LLC	
30031.4	Name of Li	mited Liability Company
The encl	losed Articles of Organization and fee(s) a	re submitted for filing.
Please re	eturn all correspondence concerning this m	natter to the following:
	RONALD M. JONES	
		Name of Person
	J-TEMPTS EMPLOYMENT, LLC	
		Firm/Company
	8730 E CHURCH STREET	
		Address
	HASTINGS, FLORIDA 32145	
		City/State and Zip Code
	REVTTJ@YAHOO.COM	16.6.
	E-mail address: (to be use	d for future annual report notification)
For furthe	er information concerning this matter, pleas	se call:
		004 669-8732
		Area Code Daytime Telephone Number
Enclosee	d is a check for the following amount:	
] \$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 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 Li	ability Company is:			
LTEMDTS EM	PLOYMENT, LLC			
	contain the words "Limited	d Liability Company, "L.	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	ect address of the principal	office of the Limited Lie	ability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Add	ress:
8730 E CHURC	CHSTREET	8730 E	. CHURCH STREET	
HASTINGS, FL	ORIDE 32145	HASTI	NG, FLORIDA 3214:	5
(The Limited Liability Com another business entity with The name and the Florida st	h an active Florida registrat	ion.)	u must designate an in	dividual or
	RONALD M. JON	ES		
		Name	- 	
	8730 E. CHURCH	STREET		
		ess (P.O. Box <u>NOT</u> acce	ptable)	
	HASTINGS	FLORIDA	32145	
	City	State	Zip	
daving been named as registe dace designated in this certif arther agree to comply with t im familiar with and accept t	icate, I hereby accept the ap the provisions of all statutes the obligations of my position	pointment as registered of relating to the proper an	gent apli agree to act d complete performan provided for in Chapte.	in this capacity. I ce of my duties, and I
		CONTINUED		180 180 AUG
		(CONTINUED)		18 NOV -8 AM 6: 18

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	RONALD M. JONES
<u> </u>	8730 E. CHURCH STREET
	HASTINGS, FLORIDA 32145
 	
	
	
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(Use attachment if necessary)	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-