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(Re	equestor's Name)			
(Address)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

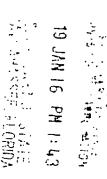
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## **COVER LETTER**

	ivision of Corporations		
SUBJECT	Jason Budzyna LLC		
Sonjeci		f Limited Liabil	ity Company
The enclos	ed Articles of Organization and fee(s	s) are submitted	for filing.
Please retu	rn all correspondence concerning thi	s matter to the f	following:
	Jason Budzyna		
		Name of	Person
	Jason Budzyna LLC		
		Firm/Co	mpany.
	7047 Buck Skin Road		
		Addr	ess
	Tallahassee, FL 32309		
	jbudzyna@yahoo.com	City/State an	d Zip Code
•	E-mail address: (to be	used for future a	innual report notification)
or further is	nformation concerning this matter, p	lease call:	
	Jason Budzyna	850 t (	559-6752
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
]\$125.00 Fi	iling Fee \$130.00 Filing Fee Certificate of Status	s L-Certifī	00 Filing Fee & \$\ \text{cd Copy}  \text{S160.00 Filing Fee,} \\ \text{Certificate of Status &} \\ \text{Certified Copy} \\ \text{(additional copy is enclose}
	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

ARTICLE I - Name: The name of the Limited Liability	Company is:				
Jason Budzyna LLC					
(Must contain	n the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	tress of the principal o	office of the Limite	d Liability Company is:		
Principal Office Address:			Mailing Address:		
7047 Buck Skin Road			7047 Buck Skin Road		
Tallahassee, FL 32309		Ta	Tallahassee, FL 32309		
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an action of the name and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions are the street actions and the Florida street actions are the street actions and the Florida street actions are the street actions are the street actions and the street actions are the street acti	cannot serve as its own ctive Florida registrati	n Registered Agent on.)	ent's Signature: . You must designate an individual or		
	Jason Budzyna				
Name					
7047 Buck Skin Road					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32309		
	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)

19 JAN 16 PM 1: 43

The name and address of each person authorized to manage and control the Limited Liability Company				
Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				

Jason Budzyna MGR 7047 Buck Skin Road Tallahassee, FL 32309 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

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.

Jason Budzyna

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)