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### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: James William Parker, Jr. LhC. 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:		•
James W. Parker, Jr. Name of Person	_	,
James William Parker, Jr. LLC. Firm/Company	'	
18279 River Oaks Drive	_	. } } 
Jupiter FL 33458	19 KOV	ALCONOMINATION OF THE PROPERTY
E-mail address: (To be used for future annual report notification)	- <del>3</del>	7 C63
For further information concerning this matter, please call:	======================================	75.07 75.07
Name of Person Area Code Daytime Telephone Number	կ։ կ?	ATÉ ATIONS
Enclosed is a check for the following amount:		وایڈنیٹا ( عا ر
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee Certificate of Status (additional copy is enclosed)	s &	
Mailing Address  New Filing Section  New Filing Section		
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  New Filing Section Division of Corporations Clifton Building The Executive Center Circle		

Tallahassee, Fl. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	;
Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  18279 River Oaks Drive 18279 River Oaks Drive Jupiter, Fr. 33458  Jupiter, Fr. 33458	
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:    James W. Parker, Jr.   66   Name   18279 River Oaks Drive   62   Florida street address (P.O. Box NOT acceptable)   74   City State Zip   55	SHARL TO SECRATE
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)	SHOLL SE 3
(CONTINUED)	

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member (Use attachment if necessary) (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,

**REOUIRED 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.

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)