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	(Requestor's Name)
	(Address)
	(and the second
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Carameter Line)
	(Document Number)
Certified Copies	Certificates of Status
	
Special Instructions to	Filing Officer:
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122 APR -7 PM 4: **22** APR -7 AM 7: SECRETARY OF STA TALLAHASSEE, FFOR

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Dones World LUC 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:
Dante J Jones Name of Person
Jores World LLC Firm/Company
5704 Wingate Dr Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dante Jones at 407 Ha-4135 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is □Slosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing 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:

5734 Wirogate Or.
Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

Title: "AMBR" = Authorized Mem "MGR" = Manager AM (- 2	Name and Address: Daute Jones 5704 Wingate Dr. Oclaboo Tel., 32839
	
(Use attachment if necessary	
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n effective date is listed, the date late of filing.) e: If the date inserted in this bloc document's effective date on the late. ICLE VI: Other provisions, if any	must be specific and cannot be more than five business days prior to or 90 days after k does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
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ARTICLE IV-