L23000101996

(Requestor's Name)	_
(Address)	_
	_
(Áddress)	
(City/State/Zip/Phone #1	_
(eligiotate/zip) Hole #/	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	-
Copies Certificates of Status	
	_
d Instructions to Filing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID.

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: JP HAULI Name of Limi	NG LLC ited Liability Company	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	•	
Ja'mario Rae	29401 Paran	970n
	Firm/Company	
8235 Hunter	s Ridge tr	
Tallahasse (Cit Mario Paramore 9) E-mail address: (to be used f	E Florida 19/Stale and Zip Code 10@ Yahoo. Co For future annual report notification	m
For further information concerning this matter, please	call:	
Jamar 10 Paramore at (Name of Person Are	ea Code Daytime Telephone	Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee	□S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Dir The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee rt, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Co	
TICLE II - Address: mailing address and street address of the principal office of the	.mited Liability Company is:
Principal Office Address:	Mailing Address:
8235 Hunters Ridge HI Tallahassee FL 32312	Same
CTICLE III - Registered Agent, Registered Office, & Registered to Limited Liability Company cannot serve as its own Registered other business entity with an active Florida registration.)	•

Jamario Paramore

Name

8235 Hunters Ridge trl

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

Tallahassee FL 32312

City State Zip

ving been named as registered agent and to accept service of process for the above stated limited liability company at the ce designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I samiliar 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)

	CFICLE IV- ie name and address of c	ich person authorized	I to manage and contr	ol the Limited Liability	Company:
".A	tle: MBR" = Authorized Me IGR" = Manager AMBR	inber 	Name and Address Jaman p S235 Hun Tallahassee	MUMORE HRS KIDGE	
(U	se attachment if necessar	y)			
(If an effect t <mark>he dat</mark> e of t <u>Note:</u> If th	iling.)	e must be specific at ock does not meet the	nd cannot be more the applicable statutory	an five business days p	ONAL) prior to or 90 days after s date will not be listed as
	V1: Other provisions, if a	•	3 ICCOMA.		
RI	EOUIRED SIGNATUR	Doann		resentative of a memb	OF.
	This docur Lam aware	nent is executed in ac that any false inform	ecordance with sectio	n 605.0203 (1) (b), Flor locument to the Departi	rida Statutes.
		James Types	d or printed name of	amore	_
			12012 12		

<u>Filing Fees:</u>
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)