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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: JOHN T. BLANCK SERVICES LLC 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:
JOHN T. BLANCK Name of Person
Name of Person
JOHN T. BLANCK SERVICES LLC
Firm/Company
90 HARRY MORRISON RD
Address
CRAWFURDVILLE FL. 32327
CRAWFORDVILLE FL. 32327  N/A  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN BLANCK 3(7) 372 -7477  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

JOAN T. BLANCK SERVICES LIC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
GO HARRY MORRISON 1	a. GO HARRY MORRISON DO
CREA WFORD WHILE FL,	CRAWFORD VILLE, FL.
E III - Registered Agent, Registered Office, & Registered A	Sent's Signature:
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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:

Name

QD HATVZY MSRF45ON RD.

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

C.VUE FLA. 32327

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Use attachment if necessary)  2.V: Effective date, if other than the date of filing:  2.V: Effective date, if other than the date of filing:  3.2.7.2.7  2.V: Effective date, if other than the date of filing:  4.V: OPTIONAL)  4.V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90.  6.V: Other provisions, if any,  4.V: Other provisions, if any,  8.V: Other provisions, if any,  8.V: Other provisions, if any,  8.V: Other provisions, if any, 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.  7.V: The Control of State Constitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:	Use attachment if necessary)  2. V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member		
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