L25000291442

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TO:	New Filing Sec Division of Cor					
CUDA	BIG J SER	VICES			<u>.</u>	
SUBJE	.Cr:	Name of Lin	ited Liabi	lity Company		
The en	closed Articles of	Organization and fee(s) are	submitte	d for filing.		
Please	return all correspo	ondence concerning this ma	tter to the	following:		
	JEROME W	ILLIAMS				
			Name o	f Person	···········	
	BIG J SERV	ICES LLC				
			Firm/Co	ompany		
	4550 BARBUDA DR					
	Address					
	TAVARES,	FL 32778				
		Ci	ty/State ar	nd Zip Code		
		LIAMS02@YAHOO.CON				
	i.	E-mail address: (to be used	for future	annual report notificati	ion)	
For furth	er information co	ncerning this matter, please	call:			
	JOHN THOM	AAS & JEROME WI 40	7	470-2909)		
	Name	e of Person Ar	ea Code	Daytime Telephon	e Number	
Enclose	ed is a check for th	ne following amount:				
	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailin	g Address		Street Address		
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street. Suite 810			
						Tallahassee, FL 32303

THELES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	THE PARTY OF THE P	
APTICLE 1 - Name:		
The name of the Limited Liability Company is		
• •		
BIG I SERVICES LLC		
'Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of	f the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4550 BARBUDA DR	1740 S RIO GRANDE AVE	
T.S. FL 22770	ORLANDO, PL 32805	
	0.12.11.00.11.02.000	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or	
The name and the Florida street address of the registered agent a	are:	
JOHN THOMAS JR		

Name

1740 S RIO GRANDE AVE

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

<u>ORLANDO</u> FL City

State

32805

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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
JEROME WILLIAMS	750 S TEXAS AVE APT 1309 ORLANDO, FL 32805
JOHN THOMAS JR "W	1740 S RIO GRANDE AVE ORLANDO. FL 32805
_	-
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
This document is exec I am aware that any fal-	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
constitutes a triata degr	tee 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 (Control of Status (Cont

\$ 5.00 Certificate of Status (Optional)