

L96000001302

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96 DEC 13 PM 1:51

ACCOUNT FILING COVER SHEET

CORPORATION

FILED
SECRETARY OF STATE
96 DEC 13 PM 3:07

ACCOUNT NUMBER:

FLA000000005

REFERENCE:
(SUB ACCT.)

DATE:

12-13

200002028992--0

REQUESTER NAME: LEXIS DOCUMENT SERVICES

ADDRESS: P.O. BOX 2969
SPRINGFIELD, ILLINOIS 62708

CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296

CORPORATION NAME:

Criminal Justice

Associates LLC

AUTHORIZATION:

C. Woodyard

☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☐ CALL WHEN READY ☐ CALL IF PROBLEM ☐ AFTER 4:30
☒ WALK IN ☐ WILL WAIT ☐ PICK-UP
☐ MAIL OUT (IF APPLICABLE)

300-634-9738

D. BROWN DEC 13 1996

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Criminal Justice Associates LLC

ARTICLE II - Address:

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

Criminal Justice Associates LLC
P.O. Box 608523
Orlando, FL 32860

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 Years

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

G.P. Roebuck
G.E. Brewer

P.O. Box 608523, Orlando, FL 32860
P.O. Box 608523, Orlando, FL 32860

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ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members may admit additional members upon the majority vote of the remaining members consenting to the admission of the additional member.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company upon the majority vote of the remaining members.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Criminal Justice Associates LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 3301.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \$1625.00 .
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 2500.00 .
- 5) the total amount of 2, 3, and 4 is \$ 7426.00 .

G. P. Roebuck

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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**FURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: _____

Criminal Justice Associates LLC

2. The name and address of the registered agent and office is:

Reg. Agent-LEXIS Document Services
(NAME)

3953 WW Kelley Road

(P.O. Box NOT ACCEPTABLE)

Tallahassee, Florida 32311

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.

By: Lisa James, as agent
(SIGNATURE)

12/12/01
(DATE)