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**LOUIS A. (Sonny) JONES
AND ASSOCIATES**
Certified Public Accountants
Member AICPA

6264 Old Water Oak Road • Tallahassee, Florida 32312
2140 Crawfordville Highway • Post Office Box 1205 • Crawfordville, Florida 32326

Tallahassee (850) 893-8811
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SEPTEMBER 10, 1999

REGISTRATION SECTION DIVISION
OF CORPORATIONS STATE OF FL
TALLAHASSEE, FL 32399

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TRANSMITTAL LETTER

ATTACHED PLEASE FIND THE ARTICLES OF ORGANIZATION FOR:
LOUIS A. (SONNY) JONES AND ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS, L.L.C.

IF YOU NEED ANY ADDITIONAL INFORMATION PLEASE CONTACT:
LOUIS A. JONES CPA
6264 OLD WATER OAK ROAD
TALLAHASSEE, FL. 32312
PH. 893-8811

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOUIS A. (SONNY) JONES AND ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS, L.L.C.

ARTICLE II - Address:

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

6264 OLD WATER OAK ROAD
TALLAHASSEE, FL 32312

ARTICLE III - Duration:

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

PERPETUAL

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

LOUIS A. JONES
6264 OLD WATER OAK ROAD
TALLAHASSEE, FL 32312

ARTICLE V - Admission of Additional Members:

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

UNANIMOUS CONSENT MUST BE GIVEN BY THE MEMBERS TO ADMIT A NEW MEMBER, ASSIGN AN INCOME INTEREST IN THE COMPANY, MAKE DISTRIBUTIONS, OR OBLIGATE THE COMPANY IN ANY MANNER.

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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 COMPANY SHALL BE DISCONTINUED AND DISSOLVED UPON THE OCCURANCE OF ANY OF THE ABOVE MENTIONED EVENTS, WITH THE EXCEPTION OF BANKRUPTCY, AS THEY MAY APPLY TO ANY MEMBER.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of- LOUIS A. (SONNY) JONES
AND ASSOCIATES CERTIFIED PUBLIC ACCOUNTANTS L.L.C. _____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 ;

25,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ SEE ATTACHED ;

STATEMENT
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 26,000.- ;

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Signature of a member or an 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.)

LOUIS A. JONES

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

ATTACHMENT TO ARTICLES OF ORGANIZATION OF
LOUIS A. (SONNY) JONES AND ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS L.L.C.

PROPERTY TO BE CONTRIBUTED TO COMPANY

LOUIS A JONES WILL TRANSFER TO THE COMPANY ALL OF THE ASSETS OF LOUIS A JONES CPA ,WHICH INCLUDE CLIENT LIST, GOODWILL, ACCOUNTS RECEIVABLE, EQUIPMENT AND ANY OTHER ASSETS WHICH ARE A PART OF HIS ACCOUNTING PRACTICES LOCATED IN TALLAHASSEE, FL AND CRAWFORDVILLE, FL.

THE VALUE OF THE ASSETS TRANSFERED WILL BE DETERMINED AT THE DATE OF TRANSFER, WHICH IS TO BE SEPTEMBER 10, 1999, AND WILL BE THE NET BOOK AS DETERMINED FOR FEDERAL INCOME PURPOSES.

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LOUIS A. (SONNY) JONES
AND ASSOCIATES CERTIFIED PUBLIC ACCOUNTANTS, L.L.C.


2. The name and the Florida street address of the registered agent are:

LOUIS A. JONES
NAME

6264 OLD WARWE OAK ROAD
Florida street address (P. O. Box NOT ACCEPTABLE)

TALLAHASSEE, FL 32312
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent