*****35.00<u>***</u>**35<u>.00</u> *****90.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 2. (Corporation Name) (Document #) MJH (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Photocopy ☐ Will wait Mail out Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 3, 1999

J. FRYE 2797 NORTHCOTE DR. PALM HARBOR, FL 34689

SUBJECT: JLFCO, LLC

Ref. Number: W99000027698

We have received your document for JLFCO, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please complete the highlighted areas of the attached refund application and return for processing.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Letter Number: 599A00057235

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

I F CO, LLC

ARTICLE II - Address:

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

PO Box 6042

2797 Northcote or PalmHarbon 71

PalmHarbor 71

ARTICLE III - Duration:

34684

34684-0642 ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be:

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:

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:

Jeffrey Linn Frye is the only member to be able to admit Appitional members and set Forth conditions.

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:

No other member will have the right to continue business if Jeffrey L Frye 1s no longer associated with this LLC.

Signature of a member of 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.)

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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.

	•
2. The name and the Florida street address of the registered agent are:	
Jeffrey Linn Frye	
Florida street address (P. O. Box NOT ACCEPTABLE)	_
Colm HArborel 34684	
CHY, STATE AND ZIP	

1. The name of the limited liability company is:

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.

Filing Fee: \$ 35 for Designation of Registered Agent