LD10000198759

(Re	questor's Name)	***************************************
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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10/09/06--01024--001 **125.00



COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Jt J Enterprises 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:
Abu Bakr Jwayyed (Name of Person)
J&J Enterprises (Firm/Company)
23781 US HWY 27 Suite 312 (Address)
Lake Wales Florida 33859-7802
(City/State and Zip Code)
For further information concerning this matter, please call:
Baler Jwayyed at (863) 557 - 5707 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: Cocception:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
J+J Enferon Scs (Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
,	
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23781 W HWY 27	Same
Lak wales FIA, 33859-76	α <u> </u>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another
The name and the Florida street address of the	te registered agent are: 국
Abn Baler Na	Juanyrd " = =================================
5745 Old	Lucerne Park Road address (P.O. Box NOT acceptable)
Winter Havion City, State	
	to accept service of process for the above stated limited

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Abn Bakr Iwayyed 5745 Old Lucerne Park Re Winter Haven Fla, 33887
MGR	Attallah Jadallah PO Box 777 Lake Hamilton Fla, 339
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
	2006 G
REQUIRED SIGNATURE:	Ž.
	Best frages of a member.

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 (Optional)

Batr way yed
Typed or printed name of signee