# L07000874601

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

EFFECTIVE DATE 7-17-07



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97/18/97--01038--092 \*\*160.00

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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JJ Galmiche 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:	
Jackie J. Galmiche (Name of Person)	
c/o DGN Enterprises LLC (Firm/Company)	
2933 W. Cypress Creek Rd., Ste. 201	
Fort Ladedale, FC 33309 (City/State and Zip Code)	
For further information concerning this matter, please call:  AECRE AAEAA	
(Name of Person) at (954) 71-1828 + 2005 & Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & \$\times 155.00 Filing Fee & \$\times 160.00 Filing Fee, \$\times 25.00 Filing Fee &	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	Į	-	Na	m	e:
	_		_		

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
2933 W. Cy press Creek R.	d. 2933 W. Cyprecs Creek Rd
Ft. Land. FC 33709	Ft. Land., FL 37309
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	

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

Charles B. Harris

Name

1599 SW 5th Avenue

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

Bora Roton, FL 33432

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 7/17/07

(CONTINUED)
Page 1 of 2

# Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** nature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)