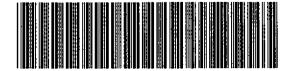
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C. LEWIS.

MAR 2 6 2013

EXAMINER

(850) 245-6051

COVER LETTER

TO:

Registration Section Division of Corporations

..... J3NTERTAINMENT

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:

Jacques Abraham

Name of Person

J3ntertainment

Firm/Company

18700 NW 27 Ave Apt 305

Address

Miami Gardens, FL 33056

City/State and Zip Code

Jacquesbrhm@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacques Abraham

786

419-6284

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ■ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
J3ntertainment,LLC. (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Comp	any is):
Principal Office Address:	Mailing Address:		
18700 NW 27 Ave Apt 305 Miami Gardens, FL 33056	18700 NW 27 Ave Apt 305 Miami Gardens,FL 33056		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another	2913	olvi S
The name and the Florida street address of the re	egistered agent are:	3 MAR	SION
Jamal Gabriel		20	유동
Name		ဟိ	CORY
7435 NW 44 th street		꿒	Y OF STATI
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	꺙	
Lauderhill	FI. 33319	26	2.5 2.0 2.0
City, Sta	te, 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)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Jacques Abraham
	18700 NW 27 Ave Apt 305
	Miami Gardens, FL 33056
MGRM	Jamai Gabriel
	7435 NW 44th Street
	Lauderhill FL, 33319
MGRM	Johnny Abraham
	18700 NW 27 Ave Apt 305
	Opa Locka FL, 33056
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: March, 19 2013 (OPTIONAL) (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:

Signature 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jacques Abraham

Typed or printed name of signee

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)