Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150002028183)))



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TO

Division of Corporations

Fax Number

: (850)617-6381

Account Name

: LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057

: (813)280~1256

Fax Number

: (813)251-8715

Enter the email address for this business entity to be used for future **Enter the email address please.

Email Address: emilycontent@englishinfive.org

FLORIDA LIMITED LIABILITY CO.

J. Johnson Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

To:

Fax: +1 (850) 617-6381 Page 2 of 4 08/21/2015 4:46 PM

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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	J. Johnson Holdings, LLC
BCBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Ghada Skaff
	Name of Person
	Lieser Skaff Alexander
	Firm/Company
	403 N. Howard Ave.
	Address
	Tampa, FL 33606
	City/State and Zip Code emilycontent@englishinfive.org
	E-mail address: (to be used for future armual report notification)
or furthe	r information concerning this matter, please call:
	Ghada Skaff 813 280-1256 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
]\$125 .00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Fax: (813) 251-8715

To

Fax: +1 (850) 617-6381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J. Johnson Holdings, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
TICLE II Address:	
TICLE II - Address: c mailing address and street address of the principal offi Principal Office Address:	ce of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal offi	, , ,

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

Lieser Skaff Alexan	der	
	Name	
403 N. Howard Ave	nue	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tampa	FL	33606
City	State	Zin

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Fax: (813) 251-8715

ARTICLE IV-

To:

Fax: +1 (850) 617-6381

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Emily Content
	851 Sanctuary Cove Drive
	West Palm Beach, FL 33410
MGR	Jennifer Ackles
	301 Precita Ave., Apt 4
	San Francisco, CA 94110
	San Transier, Cray 1110
	······································
(2)	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will
ective date is listed, the date must be spot filing.) The date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will
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