125 Castello Dr. Maples, FL., 34103

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) ****100.00 (Corporation Name) (Document #) W01-20540 (Corporation Name) (Document #) -09/14/01--01055--004 *****25.00 *****25.00 (Corporation Name) (Document #) Certified Copy ☐ Pick up time ☐ Walk in ☐ Certificate of Status Photocopy Mail out Will wait **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/OUALIFICATION OTHER FILINGS ☐ Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 5, 2001

J & J FINANCIAL GROUP, LLC 5125 CASTELLO DR. NAPLES, FL 34103

SUBJECT: J & J FINANCIAL GROUP, LLC

Ref. Number: W01000020540



We have received your document for J & J FINANCIAL GROUP, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 901A00049926

OI SEP 13 AMID: LI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

187 LINUNCIAL GLOOD,		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp SIRS CRSTE SHIOS ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	any is:	
The name and the Florida street address of the registered agent are: Name Name Florida street address (P.O. Box NOT acceptable) WARRES FL City, State, and Zip	, e - c	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.	as ions of th and	all
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company. (An additional article must be added if an effective date is requested) 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.) Typed or printed name of signee	01-8EP 13 AM 10: 41	SECRETARY OF STATE DIVISION OF CORPORATIONS
Filing Foos		

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)