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W3-32393



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 18, 2003

LYNDON JARRI SMITH 6135 SW 69TH STREET MIAMI, FL 33143

SUBJECT: LJS INCORPORATED LTD. CO.

Ref. Number: W03000023354

We have received your document for LJS INCORPORATED LTD. CO. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "incorporated." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 403A00046648

## TRANSMITTAL LETTER

SUBJECT: LJS incorporated Ltd. (on (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:							

LYNDON	(Name of	Person)	DMI	TH		
(Firm/Company)						
6135 8	(Address)	69	+4	<u>St</u>		
MIAMI	FL		310 de)	43		

For further information concerning this matter, please call:

WNDOW SMITH at (305) 740-3440
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

## Cover Letter

LJS Incorporated

LYNDON J SMITH 6135 SW 69th Street Miami FL 33143

305-740-3440 (day) 786-208-7323 (cell)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6135 SW 69th Street 635 SW 69th St MIAMI, FL 33143 MAMI, FL 33143
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:    Cober   MCHIII a MS     Name     Blood S.W. Ath St.     Florida street address (P.O. Box NOT acceptable)     Migmi   FL 33143     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

(CONTINUED)

ARTICLE IV- Manager(s) or Managin The name and address of each Manager of	ng Member(s): or Managing Member is as follows:			_ 4.
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			٠.
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MGR/MGRM	6/35 SW (9th St. MIAMS, FL 33143	<del></del>		<del>_</del> -
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(Use attachment if necessary)  NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:	1			
AM				-
	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution			
of this document constitu that the facts stated herei	tes an affirmation under the penalties of perjury	: 7		
Lyndon	d or printed name of signee	<sub>= 7</sub> -		
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:	Filing Fees: \$100.00 Filing Fee for Articles of Organization		7.2	2
:	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		* *	