

W03000035274

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refer to Inc./corp

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W03-25038

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03 SEP 17 PM 3:54  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IOLY DISTRIBUTORS, 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:

Liliana Morales & Jose E Bello  
(Name of Person)

IOLY Distributors  
(Firm/Company)

12340 N.E. 11<sup>th</sup> PL.  
(Address)

North Miami, FL 33167  
(City/State and Zip Code)

For further information concerning this matter, please call:

Liliana Morales at ( 786 ) 663-7196  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

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

## TRASMITTAL LETTER

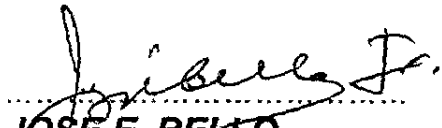
Department of State  
Division of Corporations  
P. O. Box #6327  
Tallahassee, FL 32314.

Subject: **"JOLY DISTRIBUTORS, LLC."**

Enclose in an original and copy of articles of organization and a check for:

.....\$100.00 Filing Fee.  
.....\$ 25.00 Designation of Registered Agent.  
.....\$ 30.00 Certified Copy.  
.....\$ 5.00 Certificate of Status

160.00 TOTAL.

  
.....  
**JOSE E. BELLO**  
**P. O. BOX 530114**

*Miami Shores, FL 33153*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 3, 2003

JOSE E. BELLO  
P.O. BOX 530114  
MIAMI SHORES, FL 33153

SUBJECT: JOLY DISTRIBUTORS, LLC  
Ref. Number: W03000025038

We have received your document for JOLY DISTRIBUTORS, LLC 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 enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

In the document, you refer to the Limited Liability Company as a Corporation/Articles of Incorporation.,

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 003A00049133

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Joly Distributors, LLC.

### ARTICLE II - Address:

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

#### Principal Office Address:

12340 N.E. 11<sup>th</sup> PL.  
North Miami, FL  
33161

#### Mailing Address:

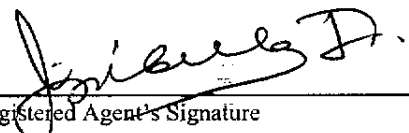
P.O. BOX 530114  
Miami Shores, FL  
33153

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jose E. Bello  
Name  
12342 N.E. 11<sup>th</sup> PL.  
Florida street address (P.O. Box **NOT** acceptable)  
North Miami, FL 33161  
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

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JOSE E. Bello  
12342 N.E. 11<sup>th</sup> PLACE  
NORTH Miami, FL. 33161

MGRM

Liliana MORALES  
1089 NE 91 TERR  
Miami Shores, FL. 33138

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Liliana Morales  
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.)

Liliana MORALES  
Typed or printed name of signee

**Filing Fees:**

\$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)