

L05000016082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



400046337864

1/16/05--01000-022 \*\*125.00

FILED  
05 FEB 16 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
05 FEB 16 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP

2/16/13

CERTIFIED COPY

CUS

✓ PHOTO COPY

✓ FILING

FILED  
09 FEB 16 PM 3:40  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1.) J Enterprises, LLC  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

J Enterprises, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2607 Route 130 South

Cinnaminson, New Jersey 08077

**Mailing Address:**

2607 Route 130 South

Cinnaminson, New Jersey 08077

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

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

Researcher's Associates, Inc.

Name

633 Timberlane Road

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32312

FL

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.*

Elizabeth L. Bishop

Registered Agent's Signature

(CONTINUED)

**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:**

MGRM \_\_\_\_\_

Dennis Grigioni \_\_\_\_\_


2607 Route 130 South \_\_\_\_\_

Cinnaminson, New J \_\_\_\_\_

(Use attachment if necessary)

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

**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.)

Dennis Grigioni \_\_\_\_\_

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)**