

LOS000061581

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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05 JUN 21 PM 3:24

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

J & N HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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JL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **J & N Holdings, LLC**

ARTICLE II - Address:

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

Principal Office Address:

11930 SW 12th Court

Davie, FL, 33325

Mailing Address:

11930 SW 12th Court

Davie, FL, 33325

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

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

John Molnar

Name

11930 SW 12th Court

Florida Street address (P.O. Box NOT acceptable)

Davie, FL, 33325

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

SECRETARY OF STATE
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11930 SW 12th Court
DAVIE, FL 33325

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	

<u>President</u>	John Molnar 11930 SW 12th Court Davie, FL, 33325
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Managing Member	Nicole Molnar 11930 SW 12th Court Davie, FL, 33325
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Managing Member

Managing Member

(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 606.40(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

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