

LO5000095262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

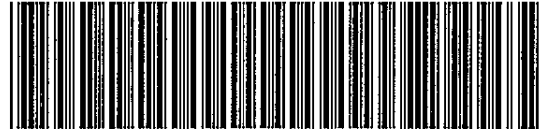
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Called 9/28/05
Spoke w/ Lillia Duffy
change "effective date"
to 9/13/05



800059655898

09/19/05--01011--002 **130.00

LO5-95262

FILED
05 SEP 19 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective
date

9/13/05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. Fan Enterprises, 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:

Lillia Cuffy
(Name of Person)

BlueKap Consulting
(Firm/Company)

3600 S. State Rd 7, Ste 319
(Address)

Miramar, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Lillia Cuffy at (954) 986-0409
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. FAN Enterprises, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2463 NW 175th St
Miami Gardens, FL 33169

Mailing Address:

2463 NW 175th St
Miami Gardens, FL 33169

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bluekap Financial Group ✓
Name

3600 S. State Rd 7 Ste 319
Florida street address (P.O. Box NOT acceptable)

Miramar, FL 33023
City, State, and Zip

FILED
05 SEP 19 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(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

Jesse FanFan
2463 NW 175th St
Miami Gardens, FL 33169

MGR

Samy Sevigne
8352 NE 2nd Ct
Miami, FL 33138

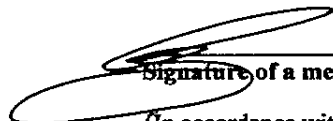
MGR

Pierre FanFan
2463 NW 175th St
Miami Gardens, FL 33169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/19/05 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Lillia Cuffy
Typed or printed name of signer

05 SEP 19 AM 11:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)