Electronic Filing Cover Sheet

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(((H06000042678 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO

JOY Enterprises LLC

Certificate of Status	1
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H06000042678

ARTICLES OF ORGANIZATION FOR FUNDALIMITED LIABILITY COMPAN

F	LORIDA LIMITED LIABILITY COMPAN	4X
ARTICLE I - Name The name of the Limited Liability Co	empanyis: JOY Enterprises LLC	
ARTICLE II - Address The mailing address and street addre	ss of the principal office of the Limited Liability Comp	parry is:
Principal Office Address:	Mailing Address:	
1512 N. Grandview Street	1512 N. Grandview Str	reet
Mount Dora, FL 32757	Mount Dora, FL 32757	1
ARTICLE III - Registered A The name and Florida street address	Ronald Simmons	t's Signature SECHE AND 16
	Name 1512 N. Grandview Street	SHOP P
	(P.O. Box or Mail Drop Box NOT Acceptable)	10.00
	Mount Dora, FL 32757 (City / State / Zip)	
it the place designated in this cert capacity, I further agree to comply	agent and to accept service of process for the abovificate. I hereby accept the appointment as register with the provisions of all statutes relating to the pin and accept the obligations of my position as register.	red agent and agree to act in this proper and complete performance

Registered Agent's Signature - Ronald Simmons

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	Sebrena Simmons-1512 N. Grandview Street, Mou	ınt Dora, FL 32757
(Use attachment if necessary)		
REQUIRED SIGNATURE: Signature of	a member or authorized representative of a member	
(In accordance document cons stated berein a	e with section 608.408(3), Florida Statutes, the execut titutes an affirmation under the penalties of perjury t re true.)	hat the facts
<u></u>	Sebrena Simmons	ECRETARIAS
	Typed or printed name of signee	6 AM 9: 0