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SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration S Division of Co				
SUBJECT: J.O.Y.	Investment Group, LI	LC		
		ed Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	pondence concerning this matt	er to the following:		
Michael W	. McDonald			
	•	(Name of Person)	7000	DIVISION OF COM
J.O.Y. Investment Group, LLC				
		(Firm/Company)	-	二 上 で
P.O. Box	8517			3
		(Address)		
Fleming Is	sland, Fl. 32006			<u> </u>
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Michael W. McDe		at (904) 571-426		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or 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 For Certificate of Status of Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:		
J.O.Y. Investment Group, LLC (Must end with the words "Limited Liabi	ility Company, "Limited Company" or their abbreviation "LLC," or "L	C.,")	
ARTICLE II - Address:			
	address of the principal office of the Limited Liability	y Compa	any is:
Principal Office Address:	Mailing Address:		
1826 Weston Circle	P.O. Box 8517		
Orange Park, Fl. 32003	Fleming Island, Fl. 32006		
(The Limited Liability Company cannot s business entity with an active Florida reg	t address of the registered agent are: McDonald Name	nature: ranother 2006 JUN 14 PM	SECRETARY OF S DIVISION OF CORPOR
	Florida street address (P.O. Box NOT acceptable)	**	ATIO
	FL 32003	ω,	200
	City, State, and Zip		
liability company at the place registered agent and agree to a statutes relating to the proper accept the obligations of my	red agent and to accept service of process for the above ce designated in this certificate, I hereby accept the appart in this capacity. I further agree to comply with the prand complete performance of my duties, and I am family position as registered agent as provided for in Chapte (Processing Signature (REQUIRED))	pointmen provision piliar with	t as s of all h and

(CONTINUED) Page 1 of 2



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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Michael W. McDonald	
	1826 Weston Circle	
	Orange Park, Fl. 32003	
MGRM	Rebecca R. McDonald	
	1826 Weston Circle	
	Orange Park, Fl. 32003	
		≥****□
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	;	F COAF
		2 2 2 C
(Use attachment if necessary)		3 <u>8</u>

ARTICLE V: Effective date, if other than the date of filing: (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.)

Michael W. McDonald

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)