

L060000 92262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

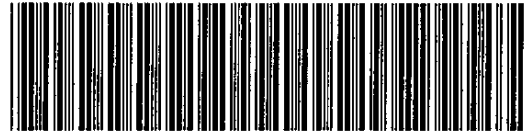
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 SEP 20 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1010-39146 *msf*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2006

JOAO C VICENTE
7405 SWW 11 CT
NORTH LAUDERDALE, FL 33068

SUBJECT: JV SERVICES CO.
Ref. Number: W06000039646

We have received your document for JV SERVICES CO.. However, the document has not been filed and is being returned for the following:

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER
OFFICE CLERK

Letter Number: 706A00054516

TRANSMITTAL LETTER

DATE: 9/4/06

TO: Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

SUBJECT: JV Services Co.
(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:

JOAO E. VICENTE
(Name of Person)

JV Services Co.
(Firm/Company)

7405 SW 11 CT
(Address)

NORTH LAUDERDALE, FL 33068
(City/State and Zip Code)

For further information concerning this matter, please call:

JOAO VICENTE at (954) 609.7798
(Name of Person) (Area Code & Daytime Telephone No.)

Enclosed is a check for \$125.00 for the filing fee.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J V Services LLC

ARTICLE II - Address:

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

Principal Office Address:

7405 SW 11 CT
NORTH LAUDERDALE, FL 33068

Mailing Address:

7405 SW 11 CT
NORTH LAUDERDALE, FL 33068

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

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

JOAO VICENTE

Name

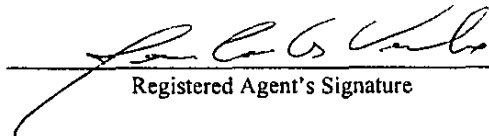
7405 SW 11 CT

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

NORTH LAUDERDALE FL 33068

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

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

"President"

Name and Address:

JOAO VICENTE

7405 SW 11 CT

NORTH LAUDERDALE, FL 33068

IF NOT PERMITTED, **USE** "MGR" →

(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.)

JOAO CARLOS VICENTE

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)