## LD7000029857

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	:y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del> </del>
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL MASSEE FLORIDA

New

## **COVER LETTER**

TO: Registration S Division of Co				
SURFECT. JSC N	orth Florida Holdings,	LLC		
SUBJECT.	(Name of Limite	d Liability Compa	ny)	
The englosed Articles o	f Organization and fee(s) are s	ubmitted for filing	,	
	-			
Please return all corresp	oondence concerning this matte	er to the following	;	
Ryan Jotko				
	·	Name of Person)		
JSC	North Plond	a Holding	39,600	n
·	•	rim/Company)		
5421 Fillm	ore St			
·		(Address)		
Hollywood	I, FL 33021		<u> </u>	
	(City	State and Zip Code	)	
D . C . 41 i . C				
For further information	concerning this matter, please	cair:	,	
Ryan Jotkoff		at ( <u>954</u>	294-366	6
(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 Fi Certified Copy (additional copy i	′	\$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	Registration Division of Clifton Biggs 2661 Exe	urier Addreson Section of Corporation uilding cutive Center	ns Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JSC North Florida Holdings, 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 printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5421 Fillmore St	5421 Fillmore St
Hollywood, FL 33021	Hollywood, FL 33021
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the response Ryan Jotkoff	red Agent. You must designate an individual or another
Name	
5404 Ellimana C4	
5421 Fillmore St	ess (P.O. Box NOT acceptable)
·	·
Hollywood, City, State, an	FL 33021
Having been named as registered agent and to an liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist degisted Agent's Skyahur (CONTINU)	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as  I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S  Te (REQUIRED)
Page 1 of 2	DA 200 200 200 200 200 200 200 200 200 20

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

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

on effective date is listed, the date must be specific and cannot be more than five business days	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of an anthorized 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	MGRM	5421 Fillmore St
TICLE V: Effective date, if other than the date of filing:	<del></del>	· · · · · · · · · · · · · · · · · · ·
TICLE V: Effective date, if other than the date of filing:		
ATICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of an anthorized 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		
REQUIRED SIGNATURE:  Signature of a member of an emborized 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	TICLE V: Effective date, if other than an effective date is listed, the date mu	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pr
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury	٠	
(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.)		
Ryan JottoFF	that the facts sta	ated herein are true.)

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)