L0700003309a

(Re	equestor's Name)			
(Ac	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
•	•	ŕ		
PICK-UP	☐ WAIT	MAIL		
				
(D)	siness Entity Nan	no)		
(Bu	isiness Entity Nar	nej		
		· ·		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
	-			
		i		

Office Use Only



800094761538

03/27/07--01037--006 **160.00

07 MAR 27 PM 3: 10

SECRETARY OF STATE VISION OF CORPORATIONS

B. Tadlock MAR 28 2007

COVER LETTER

TO:	FO: Registration Section Division of Corporations					
SUBJE	ECT:	×	and J, LLC			
		(Name of Limite	d Liability Company)			
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
,			athan Xynidis			
		. (0	Name of Person)	•		
•			<u> </u>			
			Firm/Company)			
		325 Williams	on Boulevard, Suite	∋ 120		
			(Address)	•		
		*	each, Florida 3212	20		
		. (City.	/State and Zip Code)			
For fur	ther information o	concerning this matter, please	call:			
		han Xynidis	at (386) 255-051	9		
	(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclos	sed is a check fo	r the following amount:				
□ \$125	5.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is	:		
X and J, L	.LC		
(Must end with the words "Limited Liability Company, "Limi		. , ")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability	Compar	ny is:
Principal Office Address:	Mailing Address:		
325 Williamson Boulevard	325 Williamson Boulevard		
Suite 120	Suite 120		
Daytona Beach, Florida 32120	Daytona Beach, Florida 32120		
The name and the Florida street address of the registered agent are: Abraham C. McKinnon, Esq. Name 595 W. Granada Boulevard, Suite A			SECRETARY OF STATE ISION OF CORPORATION
	idress (P.O. Box NOT acceptable)	<u>က</u>	AT AT
Ormond Beach	FI. 32174	0	ONS
City, State,	 		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby accept the appoity. I further agree to comply with the properformance of my duties, and I am family istered agent as provided for in Chapter	intment ovisions iar with	as of all 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Jonathan Xynidis 325 Williamson Boulevard, Suite 120 Daytona Beach, Florida 32120 MGRM Douglas Johnson P.O. Box 362 Melrose, Florida 32660-0362 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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.) Jonathan Xynidis

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)

Typed or printed name of signee