(Requestor's Name)					
(Address)					
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W. L. 1389 2001

# **COVER LETTER**

TO:	Registration Se Division of Co		•			
SUBJ	ECT: JG Ent	erprises, LLC (Name of Limite	d Liability Company)			
The en	nclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please	e return all corresp	ondence concerning this matte	er to the following:			
	Joedfrey G	raham				
-	. •,	(1	Name of Person)			
(Firm/Company)						<b>5</b>
PO Box 10129						VSE SEVEN
(Address)						
PO Box 10129  (Address)  Cocoa, Florida 32927						
(City/State and Zip Code)						RPCF S
For further information concerning this matter, please call:						SECRETARY OF STATE DIVISION OF CORPORATIONS
Joed	dfrey Graham	<u>1</u>	at ( 321 ) 403-318	1		
	(Name	of Person)	(Area Code & Daytime To	elephone Number)		
Enclo	osed is a check fo	or the following amount:				
		\$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	ns		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2007

JOEDFREY GRAHAM PO BOX 10129 COCOA, FL 32927

SUBJECT: JG ENTERPRISES, LLC

Ref. Number: W07000013897

SECRETARY OF STATE SECRETARY OF CORPORATIONS

07 APR 12 PM 1:58

We have received your document for JG ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the 2nd page of form,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 907A00019589

The Tolly and a rock of the other

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N			
The name of the	Limited Liability Co	mpany is:	
JG Enterprises,			
(Must end with the w	ords "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE II - The mailing add		s of the principal office of the Limited Liabili	ty Company is:
Principal Offic	e Address:	Mailing Address:	
640 Childre Ave		PO Box 10129	
Titusville, Florida 32796		Cocoa, Florida 32927	
			<del></del>
•	an active Florida registration he Florida street addre Joedfrey Graham	ess of the registered agent are:	DIVISION OF CONTRACTOR OF APR 12
	· · · · · · · · · · · · · · · · · · ·	Name	APR
	7065 Bright Ave		IZ
		ida street address (P.O. Box NOT acceptable)	CORP CORP
	Cocoa	<sub>FL</sub> 32927	A POS
		City, State, and Zip	NTION ATTOM
Having been n	amed as registered ag	ent and to accept service of process for the ubo	ve stated limiled
		ignated in this certificate, I hereby accept the ap	
		his capacity. I further agree to comply with the complete performance of my duties, and I am fai	
		Ion gs registered agent as provided for in Chap	
-	Gerlf o	1	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Joedfrey Graham 7065 Bright Ave Cocoa, Florida 32927 (Use attachment if necessary) **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.) Joedfrey Graham 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)