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(Re	equestor's Name)
(Ad	idress)
. (Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	usiness Entity Name)
(D)	and More hard
(1)	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
	Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Signature				
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Will Pick Un

Walk-In

TALLAHASSEE. FLORIDA

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval

ARTICLE I - Name: The name of the Limited Liability Company is: JF Investors, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE I - Name:	TES NO 1			
The name of the Limited Liability Company	is:			
2y	TO TO THE PARTY OF			
IE 1 1 1 0				
JF Investors, LLC				
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	The state of the s			
	principal office of the Limited Liability Company is:			
<i></i>	p-morphic cities of the Emilion Emilion of Company in			
Principal Office Address:	Mailing Address:			
2318 N. Roosevelt Blvd.	20848 S. Dixie Highway			
Key West, FL 33040	Miami, FL 33180			
business entity with an active Florida registration.) The name and the Florida street address of the Frederick Louis Tro				
Nar				
20010 C Divide High				
	77077			
20848 S. Dixie High				
Florida street	address (P.O. Box <u>NOT</u> acceptable)			
Florida street Miami, FL 33180	address (P.O. Box <u>NOT</u> acceptable) FL			
Florida street Miami, FL 33180				
Miami, FL 33180 City, Stat Having been named as registered agent and liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	address (P.O. Box <u>NOT</u> acceptable) FL			

(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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
MGRM	Frederick Louis Troike II
	20848 S. Dixie Highway
	Miami, FL 33180
MGRM	John Manasa
	20848 S. Dixie Highway
	Miami, FL 33180
(Use attachment if necessary)	
CLE V: Effective date, if other the offective date is listed, the date in days after the date of filing.)	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
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.)

Frederick Louis Troike II

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)