

107000091462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

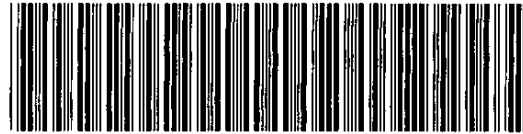
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURITY OF STATE  
CALL AND SEE FILING

*Handwritten signature*

# ROSE J. SPANO

A PROFESSIONAL ASSOCIATION

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LEGAL SUPPORT SERVICES

ROSE J. SPANO, J.D.

Email [Rosejspanopa@bellsouth.net](mailto:Rosejspanopa@bellsouth.net)

P.O. Box 50136  
Pompano Beach, Fl. 33074-0136  
Reply to Lighthouse Point

2745 East Atlantic Avenue  
Ste. 305  
Pompano Beach, Florida 33062

TELEPHONE: (954) 781-7782

FACSIMILE: (954) 781-2755

September 5, 2007

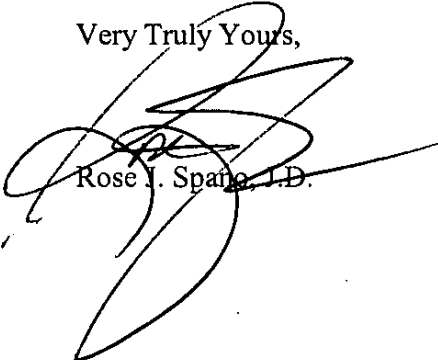
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Registration LLC

Dear Sir/Madam:

Enclosed please find the filing fee and fee for Certificate. Thank you for your attention to this matter.

Very Truly Yours,



Rose J. Spano, J.D.

RJS/me  
Enclosures

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECTS:** JSCCI LL  
(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:

SARA MILLS

(Name of Contact Person)

JSCCI, LLC

(Name of Firm/Company)

8461 Lake Worth Road, Suite 117

(Address)

Lake Worth, Florida 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

SARA MILLS

866 947-6468

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone #)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

**IN COMPLIANCE WITH CHAPTER 608, FLORIDA STATUTES**

**ARTICLE I NAME**

The Name of the Limited Liability Company is:  
**JSCCI LLC**

**ARTICLE II ADDRESS**

The Mailing Address and Street Address of the principle office of the  
Limited Liability Company is:

8461 Lake Worth Road #117  
Lake Worth, Florida  
33467

**ARTICLE III REGISTERD AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The Name and the Florida Street Address of the registered agent is:

Howard B. Senior, III, P.A.  
One Datran Center, Suite 1104  
9100 South Dadeland Blvd.  
Miami, Florida 33156

Having been named as the registered agent 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 statues 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, Florida Statues.

  
\_\_\_\_\_  
Registered Agent(s)

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is  
therefore, a Member Managed Company.

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IN AND FOR THE COUNTY OF DADE  
FLORIDA

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WILLIAM T. PETERSON  
CLERK OF CIRCUIT COURT

**ARTICLE V MEMBERS** (optional)

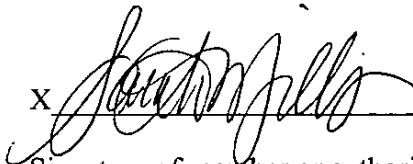
**MANAGING MEMBER:**

SARA MILLS  
1112 Weston Road  
#287  
Weston, Florida  
33326

**MANAGING MEMBER:**

JEFF MILLS  
1112 Weston Road  
#287  
Weston, Florida  
33326

.....

X  \_\_\_\_\_

Signature of member or authorized representative of a (in accordance with Section 608, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**SARA MILLS**

**Typed or printed name of signee**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA