

607000113243

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000273478 3)))



H070002734783AEC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RE-SUBMIT

Please retain original filing
date of submission 11/6/07

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Josjay, LLC

Certificate of Status	0
Certified Copy	0
Page Count	24
Estimated Charge	\$125.00

RECEIVED

07 NOV -8 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2007 NOV - 6 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA607-113243
AL



November 7, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: JOSJAY, LLC
REF: W07000054913

We have received your document for JOSJAY, LLC and your check(s) today. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 10 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist IIFAX Aud. #: H07000273478
Letter Number: 407A000647882007 NOV - 6 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jojay, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

c/o Jason Banks
10908 Wetherby Park Court
Tampa, FL 33626

Mailing Address:

Joseph Caputo
10 Hamlet Drive
Hauppauge, NY 11788

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jason Banks

Name

10908 Wetherby Park Court

Florida street address (P.O. Box NOT acceptable)

Tampa FL 33626

City, State, and Zip

Having been named as registered agent and 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 statutes 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, F.S.

Jason Banks

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

W-600 - 06/23/2007 CY System Online

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOV - 6 AM 8:45

FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Joseph Caputo

10 Hamlet Drive

Hanappaug, NY 11788

MGRM

Jason Banks

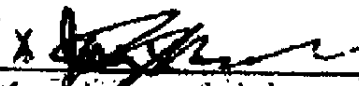
10908 Wetherby Park Court

Tampa, FL 33626

(Use attachment if necessary)

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.)

Jason Banks

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)

Page 2 of 2

2007 NOV 2 AM 8:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA