

L08000039539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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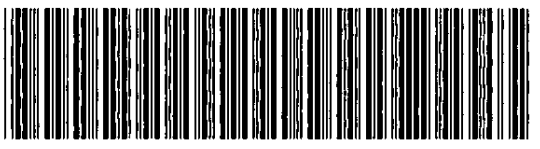
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
08 APR 21 AM 8:48

W08-18005  
APR - 9 2008

J. BRYAN

APR 22 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.R.C. SERVICE'S  
(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:

JOSEPHINE R. CIFARELLI  
(Name of Person)

J.R.C. SERVICE'S  
(Firm/Company)

10581 N.W. 26<sup>th</sup> PL  
(Address)

SUNRISE, FL 33322  
(City/State and Zip Code)

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For further information concerning this matter, please call:

JOSEPHINE CIFARELLI at 954-742-4892  
FRANK CIFARELLI at 954-868-1606  
(Name of Person) (Area Code & Daytime Telephone Number)

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 (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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2008

JOSEPHINE R. CIFARELLI  
J.R.C. SERVICE'S  
10581 N.W. 26TH PL  
SUNRISE, FL 33322

SUBJECT: J.R.C. SERVICE'S  
Ref. Number: W08000018005

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DIVISION OF CORPORATIONS  
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We have received your document for J.R.C. SERVICE'S and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #P06000011758, J.R.C. SERVICES INC..

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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  
Regulatory Specialist II

Letter Number: 508A00020811

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

J. ROSE C. LLC  
~~J. R. C. SERVICES~~

(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:

10581 N.W. 26<sup>TH</sup> PL  
SUNRISE, FL 33322

Mailing Address:

10581 N.W. 26<sup>TH</sup> PL  
SUNRISE, FL 33322

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:

JOHN FLORA I  
Name

1400 S.W. 1<sup>ST</sup> CT.

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

Palm Beach, FL 33069  
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..

*John Florio*  
Registered Agent's Signature (REQUIRED)  
As to Buttery INC

(CONTINUED)

**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:**

MGR

JOSEPHINE CIFARELLI  
10581 N.W. 26<sup>TH</sup> PL  
SUNRISE, FL 33322

MGRM

LILLI-ANN CIFARELLI  
9799 WESTVIEW DR  
CORAL SPRINGS, FL 33076

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

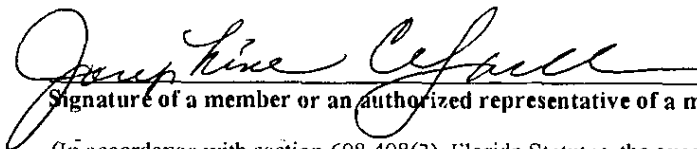
(Use attachment if necessary)

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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.)

JOSEPHINE CIFARELLI  
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)