## L08000067122

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  ACLA DICEAS  WITHORIZA TON BY PHONE TO  WRECT
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Effective Date 7/2/08

SECRE FARY OF STATE SECRETARY OF CORPORATIONS OF STATE OF

EXX. Jayos

B. Torbox JUL 11 2000

## **COVER LETTER**

TO:	Registration Division of C				
SUBJI	ect.	JJB Dvr	asty, LLC		
· SOBJ	ECT:	(Name of Limited			
The en	closed Articles	of Organization and fee(s) are su	ıbmitted for filii	ng.	
Please	return all corres	pondence concerning this matte	r to the followin	ıg:	
		Ja	ren Braun		
		()	Name of Person)		
		(1	Firm/Company)		
		1326 S. Ridge	wood Ave	nue, Ste.	22
			(Address)		
			Beach, FL		
		(City/	State and Zip Coo	ie)	
For fur	ther information	concerning this matter, please of	all:		
Jare	n Braun		at (386	323-777	71
	(Nam	e of Person)	(Area Co	de & Daytime To	elephone Number)
Enclos	ed is a check f	or the following amount:			
<b>[</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop		\$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	Registrat Division Clifton I 2661 Ex	Courier Addressition Section of Corporation Building ecutive Center see. FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\L

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The name of the Billing Blacking Company to	/%/	30
JJB Dynast	y, LLC	`
(Must end with the words "Limited Liabi	Ty, LLC lity Company, "L.L.C.," or "LLC.")  Effective Date  The company of the control of the co	
ARTICLE II - Address:	Ei	
The mailing address and street address of the p	rincipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
1326 S. Ridgewood Avenue	Same	
Suite 22		
Daytona Beach, FL 32114		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the I	tered Agent. You must designate an individual or another	N/IG S
Jaren B	raun 들	SIOS
Name	raun	N 유 무 유
1326 S. Ridgewood	Avenue, Ste. 22	RY OF S CORPO
Daytona Beach	FL 32114	OF STATE ORPORATIONS
City, State,	яна Дір	(A)

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..

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:

"MGRM" = Managing Memb	er
MGRM	Jaren Braun
	721 Park Ridge Circle
	Port Orange, FL 32127
Use attachment if necessary)	
EV: Effective date, if other t	han the date of filing: July 2, 2008 (OPTIO)
ective date is listed, the date	han the date of filing: July 2, 2008 (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other to ective date is listed, the date days after the date of filing.)	than the date of filing: July 2, 2008 (OPTIO) must be specific and cannot be more than five business d
ective date is listed, the date	than the date of filing: July 2, 2008 (OPTIO) must be specific and cannot be more than five business d
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ective date is listed, the date days after the date of filing.)	han the date of filing:July 2,, 2008 (OPTIO) must be specific and cannot be more than five business d

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee