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SECRETARY OF STATE DIVISION OF CORPORATIONS 08 AUG 15 PM 1: 00

J. BRYAN

AUG 1 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JNJOY, LLC	
(Name of Limited Liability Con	mpany)
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
Phyllis Jacobs	_
(Name of Person)	
GLOBAL CORPORATE SERVICES, INC.	
(Firm/Company)	-
7920 ROYAL LACE TERRACE	
(Address)	-
LAKE WORTH FL 33467	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Phyllis Jacobs at (561	968-6611 & Daytime Telephone Number)
(Name of Person) (Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\sum \text{Certificate of Status}\$\$ \$25 Filing Fee & Certified Copy	☑ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

in Flor	ida.		
FIRST JNJOY			
SECO	ND: The articles of organization or the application to transact business		
(CF	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
✓	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE V should read as follows:		
	The name and addresses of managing members/managers are:		
	Title: Managing Member PARDES, JILL 391 HOLIDAY DR. HALLANDALE FL 33009		
	Title: Member Goldstein, Brenda 391 HOLIDAY DR. HALLANDALE FL 33009		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed at the appropriate correction are as follows:		
Dated:	August 11, 2008		
	Signapure of achiember or authorized representative of a member		
	Phyllis Jacobs, Authorized Representative		
	Typed or printed name of signee		
	Filing Fee: \$25.00		

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L08000072947 FILED 8:00 AM July 29, 2008 Sec. Of State dbruce

Article I

The name of the Limited Liability Company is: JNJOY, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 391 HOLIDAY DR. HALLANDALE, FL. 33009

The mailing address of the Limited Liability Company is: 391 HOLIDAY DR.

HALLANDALE, FL. 33009

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

GLOBAL CORPORATE SERVICES, INC. 7920 ROYAL LACE TERRACE LAKE WORTH, FL. 133467

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.

Registered Agent Signature: PHYLLIS JACOBS

ON AUG 15 PM 1: 00

Article V

The name and address of managing members/managers are:

Title: MGRM JILL PARDES 391 HOLIDAY DR. HALLANDALE, FL. 33009

Title: MGRM NOEL BERES 391 HOLIDAY DR. HALLANDALE, FL. 33009 L08000072947 FILED 8:00 AM July 29, 2008 Sec. Of State dbruce

Article VI

The effective date for this Limited Liability Company shall be: 07/29/2008

Signature of member or an authorized representative of a member Signature: PHYLLIS JACOBS

