L08000074358

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fnone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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W108-35411

J. BRYAN

AUG - 4 2008

EXAMINER

COVER LETTER

TO:	Registration So Division of Co				
SUBJI	_{ECT} , JLT Er	iterprises, LLC			y
5000			d Liability Compa	any)	08 AUG
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	ζ.	Me,
		oondence concerning this matte			
	·	_			
	James D.		Name of Person)		
		·			
		(Firm/Company)		
	908 CYPF	RESS DRIVE			
			(Address)		···································
	DELRAY I	BEACH FL 33483			
		(City	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:		
. 0. 141	ine: information	ooneering this matter, prease	Vali		
Jame	es D. Terlizz	f of Person)		962-721	elephone Number)
	(Ivaine	of reison)	(Area Cour	z & Daytime 1	elephone Number)
Enclos	sed is a check fo	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	у	\$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	Registration Division of Clifton Boundary 2661 Exe	ourier Address on Section of Corporatio uilding cutive Center ee, FL 32301	ns · Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2008

JAMES D. TERLIZZI 908 CYPRESS DRIVE DELRAY BEACH, FL 33483

SUBJECT: JLT ENTERPRISES, LLC

Ref. Number: W08000035411

We have received your document for JLT ENTERPRISES, LLC and your check(s) totaling \$125.00. 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 existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.

The document number of the name conflict is #L07000011351, JLT ENTERPRISES, LLC.

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.

Letter Number: 108A00043385

Joey Bryan Regulatory Specialist II S+L Terlizzi EnTerprises LLC

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COVER LETTER

	stration Se ion of Co	ection rporations		ć
SUBJECT:	J&L Te	rlizzi Enterprises LLC		
	-	(Name of Limite	d Liability Company)	No.
The enclosed A	Articles of	f Organization and fee(s) are so	ubmitted for filing.)
Please return a	ill corresp	ondence concerning this matte	er to the following:	
Jame	es D. T	erlizzi		
\	•	()	Name of Person)	
		(Firm/Company)	
908	CYPR	ESS DRIVE		
			(Address)	
DEL	RAY E	BEACH FL 33483		
		(City)	/State and Zip Code)	
For further info	ormation (concerning this matter, please	call:	
James D.	Terlizzi	1	at (561) 962-721	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a	check fo	r the following amount:		
✓ \$125.00 Fil	ing 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLE I - Na	ıme:	
The name of the I	Limited Liability Compa	OR FLORIDA LIMITED LIABILITY COMPA
J&L Terlizzi Enter	prises LLC	
Must end with the work	ds "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A	ddress:	
		the principal office of the Limited Liability Compa
0	4.1.1	Nation - Addison
Principal Office	<u>Address:</u>	Mailing Address:
908 CYPRESS DRIV	E	908 CYPRESS DRIVE
DELRAY BEACH FL	33483 Registered Agent, Regi	Delray Beach, Florida 33483 stered Office, & Registered Agent's Signature:
ARTICLE III - F The Limited Liability (business entity with an	Registered Agent, Regi Company cannot serve as its own active Florida registration.) Florida street address of	Delray Beach, Florida 33483
ARTICLE III - F The Limited Liability (business entity with an	Registered Agent, Regi Company cannot serve as its own active Florida registration.)	Stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability C business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration.) Florida street address of James D. Terlizzi	Stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name
ARTICLE III - F The Limited Liability (business entity with an	Registered Agent, Regi Company cannot serve as its own active Florida registration.) Florida street address of James D. Terlizzi 908 CYPRESS DRIV	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name
ARTICLE III - F The Limited Liability (business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration.) Florida street address of James D. Terlizzi 908 CYPRESS DRIV Florida st	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name E reet address (P.O. Box NOT acceptable)
ARTICLE III - F The Limited Liability (business entity with an	Registered Agent, Regi Company cannot serve as its own active Florida registration.) Florida street address of James D. Terlizzi 908 CYPRESS DRIV Florida st Delray Beach	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name

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)

(CONTINUED) Page 1 of 2

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
MGR	James D. Terlizzi
	908 CYPRESS DRIVE
	908 CYPRESS DRIVE Delray Beach, Florida 33483
	<u> </u>
MGR	Laura Kodner
	908 CYPRESS DRIVE
	DELRAY BEACH FL 33483
	
(Use attachment if necessary)	
	han the data of Gling. (OPTION)
I E V. Effective data if other	
LE V: Effective date, if other t	
fective date is listed, the date	must be specific and cannot be more than five business day
fective date is listed, the date	
fective date is listed, the date days after the date of filing.)	
fective date is listed, the date	
fective date is listed, the date days after the date of filing.)	
fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

James D. Terlizzi

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee