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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

LJZ, LLC

Certificate of Status	0
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D. BRUCE

SEP 08 2008

**EXAMINER** 

8 Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

#### ARTICLE I\_\_\_\_NAME

The name of the Limited Liability Company is:

LJZ, LLC

#### ARTICLE II ADDRESS

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

5850 MIAMI LAKES DR MIAMI LAKES, FLORIDA 33014

# ARTICLE III REGISTERED AGENT, REGISTERED OFF

The name and the Florida street address of the registered agent

LARRY MULLNE 5850 MIAMI LAKES DR MIAMI LAKES, FLORIDA 33014

Having been named as registered agent 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.

LARRY MULLNE / Registered Agent's signature

PAGE 2

LJZ, LLC

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

### ARTICLE V MEMBERS (optional)

MANAGING MEMBER LARRY MULLNE 5850 MIAMI LAKES DR MIAMI LAKES, FLORIDA 33014

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.

LARRY MULLNE

08 SEP -5 AM 8: L2
SECRETARY OF STATE
ALL AHASSEE, FLORINA