

Sep. 25. 2008. 11:53AM  
Division of Corporations

No. 3262 P. 1  
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**Florida Department of State**  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ.  
Account Number : I20050000131  
Phone : (305) 887-9060  
Fax Number : (305) 888-3192

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 25 PM 12: 00

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**JS CAPITOL, LLC**

Certificate of Status	0
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SEP 23 2008

**EXAMINER**

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JS Capitol, LLC

(Name of Limited Liability Company)

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:

Geoffrey Schuessler

(Name of Person)

The Medi-Law Firm

(Firm/Company)

1400 NW 10th Ave., PH 3

(Address)

Miami, FL 33136

(City/State and Zip Code)

For further information concerning this matter, please call:

Max Adams

(Name of Person)

at ( 305 ) 887-9060

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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

**FIRST:** The name of the limited liability company is:  
JS Capitol, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK 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:  
The name of the company should be "JS Capital, LLC" rather than "JS Capitol, LLC".

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 25 PM 12:00

Dated: September 25, 2008

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Max A. Adams, Esq., Incorporator

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000089370  
FILED 8:00 AM  
September 19, 2008  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
JS CAPITOL, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
400 ALTON RD.  
APT 1908  
MIAMI BEACH, FL. US 33139

The mailing address of the Limited Liability Company is:  
400 ALTON RD.  
APT 1908  
MIAMI BEACH, FL. US 33139

**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:  
THE MEDI-LAW FIRM  
1400 NW 10TH AVE  
PH3  
MIAMI BEACH, FL. 33136

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: MAX A. ADAMS, ESQ.

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JOE JACOB  
400 ALTON RD. APT 1908  
MIAMI BEACH, FL. 33139 US

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September 19, 2008  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/19/2008

Signature of member or an authorized representative of a member

Signature: GEOFFREY SCHUESSLER