W8000102210

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,, , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Durings Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, , , , , , , , , , , , , , , , , , , ,
·





700137296637

10/30/08--01023--013 **130.00

2008 OCT 30 PH 12: 55
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
OCT 3 1 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The JOJS Group LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Denise McFall (Name of Person)	
(Name of Person)	
The JDJS Group (Firm/Company)	
(Firm/Company)	
6580 NW 101st Terrace	
(Address)	
Parkland, FL 33076 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Demise McFall at 954 346-5785 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Carter/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	E STANDER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ma

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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

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)

Denise McFall
Typed or printed name of signee