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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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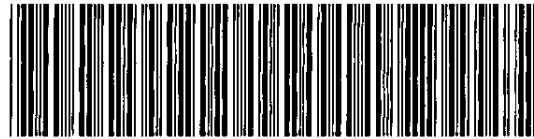
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B. KOHR

MAR 17 2009

EXAMINER

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 MAR 16 PM 4:43 09 MAR 16 AM 8:15
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
09 MAR 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: ASHLEY SMITH

DATE: 03-16-2009

REF. #: 000169.101431

CORP. NAME: JOLES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 529638 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
JOLES, LLC**

FILED
09 MAR 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a limited liability company, under the laws of the State of Florida, does hereby set forth the following:

**ARTICLE I
NAME**

The name of the limited liability company is: **JOLES, LLC.**

**ARTICLE II
PERIOD OF DURATION**

The period of duration of the limited liability company shall be from the date of filing these Articles of Organization until the dissolution of the limited liability company pursuant to provisions of the Florida Limited Liability Company Act.

**ARTICLE III
PURPOSE**

The purpose for which the limited liability company is organized is to engage in all business and activities permitted by the laws of the State of Florida. The limited liability company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

ARTICLE IV
ADDRESS OF PLACE OF BUSINESS

The mailing address, and the place of business in Florida, is: #101, 2603 N.W. 103 Avenue, Sunrise, FL 33322.

ARTICLE V
REGISTERED AGENT

The name and address of the initial registered agent in Florida of the limited liability company is Bruce M. Gottlieb, Esq., 125 North 46th Avenue, Hollywood, FL 33021.

ARTICLE VI
ADDITIONAL CONTRIBUTIONS

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events happening of which, that shall be made are as follows: No total additional contributions have been agreed to at the date of filing these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the limited liability company, and in accord with Chapter 608 Florida Statutes.

ARTICLE VII
MEMBERS

The initial member of the Organization is:

LESTER AXELROD	50%
JOAN AXELROD	50%

Members may admit additional members upon unanimous agreement of the then existing members.

ARTICLE VIII
CONTINUITY OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall not be continued and the limited liability company shall be dissolved unless there is obtained the consent of all the remaining members of the limited liability company.

ARTICLE IX
MANAGEMENT

The limited liability company is to be managed by its manager. The name and address of the initial manager of the limited liability company is as follows:

NAME:

ADDRESS:

LEXTER AXELROD

#101, 2603 NW 103 Avenue
Sunrise, FL 33322


JOAN AXELROD

#101, 2603 NW 103 Avenue
Sunrise, FL 33322

The initial manager shall serve until a successor is elected and qualifies.

I AM HEREBY FAMILIAR WITH AND ACCEPT THE DUTIES
AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID
CORPORATION.

EXECUTED at Hollywood, Florida, on March 13th, 2009.



BRUCE M. GOTTLIEB
Authorized Representative/
Registered Agent

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing Articles of Organization were acknowledged before me on
March 13th, 2009, by BRUCE M. GOTTLIEB, as Authorized Representative/Registered
Agent of **JOLES, LLC**, a Limited Liability Company to be formed, who is personally
known to me or who has produced personally known as
identification and who did take an oath.

NOTARY PUBLIC:

Sign: Carole Campisi

Print: **Carole Campisi**

My Commission Expires:

