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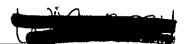
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 



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SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

TO:	Registration Section Division of Corporations
	1
SUBJI	ECT:
	Name of Limited Liability Company
	A CONTRACTOR OF THE PROPERTY O
The en	closed Articles of Organization and fee(s) are submitted for filing.
Picase	return all correspondence concerning this matter to the following:
	Roy F. Roberts, III
	Name of Person
	Firm/Company
	1 min company
	P.O. Box 334
	Address
	Scottsmoor, FL 32775
	City/State and Zip Code
	n/a
	E-mail address: (to be used for future annual report notification)
For fu	urther information concerning this matter, please call:
	C. Todd Bass, Attorney at Law at ( 888 ) 674-9898
	Name of Person Area Code & Daytime Telephone Number
Enclo	osed is a check for the following amount:
<b>\$</b> 12:	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  (additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Division of Corporations P.O. Box 6327  Sign expression Section Registration Section Division of Corporations Division of Corporations Clifton Building
	Taliahassee, FL 32314 2661 Executive Center Circle Taliahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2009

ROY F. ROBERTS III P.O. BOX 334 SCOTTSMOOR, FL 32775

SUBJECT: J & R ENTERPRISE, LLC

Ref. Number: W09000032224

We have received your document for J & R ENTERPRISE, LLC and your check(s) totaling \$160.00. 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.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 709A00024100

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
ROBERTS NEL	SCN ENTERPRISE, LLC ity Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address:	in the land of the Common virus		
The maning address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
ROBERTS NELSON ENTERPRISE, LLC	ROBERTS WESON ENTERPRISE, LLC		
3690 Coral Avenue	P.O. Box 334		
Scottsmoor, FL 32775	Scottsmoor, FL 32775		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the interest of the server as its own Registration.	tered Agent. You must designate an individual or another		
Roy F. Ro	berts. III		
Name			
3690 Coral Avenue			
Florida street address (P.O. Box NOT acceptable)			
Scottsmoor, FL 32775	Scottsmoor, FL 32775		
City, State, a	und Zip		
	accept service of process for the above stated limitea this certificate, I hereby accept the appointment as		

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

WHASSEF FLORIDA

# 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:			
MGRM	Jo Lynn Nelson 1360 War Eagle Blvd. Titusville, FL 32796			
MGRM	Roy F. Roberts ## 3690 Coral Avenue Scottsmoor, Fl. 32775			
(Use attachment if necessary)  ARTICLE V: Effective date, if other the	han the date of filing: 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 that the facts stated herein are true.)				
Filing Fees;	Roy F. Roberts, III Typed or printed name of signee			

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)