

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: FRANK H. FEE, III, ESQUIRE Account Name

Account Number : I19990000154 : (772)461-5020

Fax Number 1 (772)468-8461

FLORIDA/FOREIGN LIMITED LIABILITY CO.

J&J of Fort Pierce Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. HAWKES

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

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Name of Limi f Organization and fee(s) are condence concerning this mat	submitted for filing. Iter to the following: Tessa J. Head
ondence concerning this mat	ter to the following:
. 1	Tessa J. Head
J&J of For	Name of Person
J&J of For	
	t Pierce Holdings, LLC
	Firm/Company
37	705 Avenue T
	Address
Fort I	Plerce, FL 34947
	ly/State and Zip Code
sig	salon@aol.com
E-mail address: (to be used t	for future annual report notification)
concerning this matter, please	e call:
a J. Head	at (772 216-3592 Area Code & Daytime Telephone Number
of Person	Area Code & Daytime Telephone Number
r the following amount:	
S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tollahosses Ef 32214	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle
	Fort Cir Sig E-mail address: (to be used concerning this matter, pleas a J. Head of Person r the following amount: \$130.00 Filing Fee & Certificate of Status Mailing Address Registration Section Division of Corporations

(((H09000217340 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	₩.c. 93
The name of the Limited Liability Company is:	E B T
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J&J of Fort Pierce H	Holdings, LLC
(Must and with the words "Limited Liabili	
A Triangle of the Aria American	70 9
ARTICLE II - Address: The mailing address and street address of the pri	incinal office of the Limited Liability Company is:
The maning address and sheet address of the pri	methal office of the Emitted Claumty Company-is.
Principal Office Address:	Mailing Address:
3705 Avenue T	3705 Avenue T.
Fort Plerce, FL 34947	Fort Plerce FI 34947
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	ered Agent. You must designate an individual or another
The name and the Piorida sweet address of the re	egistered agent are:
Tessa J. I	Head
Name	
3705 Aver	nue T
Florida street address (P.O. Box NOT acceptable)	
Fort Pierce, Fl. 34947	Fr
City, State, an	
liability company at the place designated in th	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as 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)

Page 1 of 2

<u> Title:</u>		Name and Address:	
"MGR" = Manag	ger		
"MGRM" = Man	aging Member		
		<u> </u>	
MGRM	_	Tessa J. Head	<u> </u>
		3705 Avenue T	
		Fort Pierce, FL 34947	<i>⊕</i>
MODM			γ -
MGRM	_	Robert Jeff Adams, III	
		3705 Avenue T	-0°
		Fort Pierce, FL 34947	-=::
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Use attachment i	if necessary)		
Use attachment i	• ,	e date of filing: October 9, 2009 . (OPTI	ONAL
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\$125.00 Filing Pee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)