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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

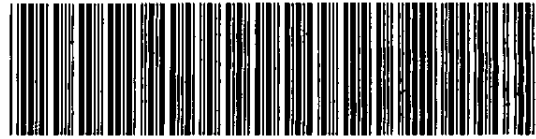
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 19 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAN PEN 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:

PIPAT THIPSINGH
Name of Person

Firm/Company

3150 WEST ROLLING HILLS CIRCLE # 309
Address

DAVIE FLORIDA 33328
City/State and Zip Code

PTHIPSIN@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PIPAT THIPSINGH at (**954**) **253-1735**
 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & 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
 Tallahassee, FL 32314

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAN PEN LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3150 WEST ROLLING HILLS CIRCLE
309
DAVIE FLORIDA 33328

3150 WEST ROLLING HILLS CIRCLE
309
DAVIE FLORIDA 33328

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PIPAT THIPSINGH

Name

3150 WEST ROLLING HILLS CIRCLE #309

Florida street address (P.O. Box **NOT** acceptable)

DAVIE FLORIDA 33328 FL

City, State, and Zip

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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..

Pipat Thipsingh

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

PIPAT THIPSINGH
3150 W.ROLLING HILLS CIRCLE #309
DAVIE FLORIDA 33328

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _____
(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:

Pipat Thipsingh

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.)

PIPAT THIPSINGH

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)