

LD90000122704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**DEC 29 2009**

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**IRWIN LAW OFFICE**

**64 SOUTH PITT STREET  
CARLISLE, PENNSYLVANIA 17013**

HAROLD S. IRWIN, III

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TAMI L. STUM  
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717-243-6090  
PHONE  
717-243-9200  
FACSIMILE

**December 23, 2009**

**REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314**

**RE:**

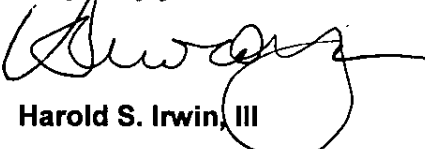
**Dear Sir or Madam:**

Enclosed herewith are the following documents in order to register the above limited liability company:

1. An original and copy of the "Cover Letter";
2. An original and copy of the Articles of Organization;
3. Our check in the amount of \$155.00; and
4. A return envelop for the certified copy after it has been filed.

Kindly file the original of record and return one certified copy of the Articles of Organization.  
Thank you for your cooperation in this matter.

**Very truly yours,**



Harold S. Irwin, III

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOELOR ENTERPRISES, 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:

**CHARLES JOSEPH HENLEY**

Name of Person

Firm/Company

**5008 ARBOR ROAD**

Address

**WALWORTH, NY 14568**

City/State and Zip Code

**jhenley@sunroomplace.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**C. JOSEPH HENLEY**

Name of Person

at ( **585** ) **455-2505**

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:

JOELOR ENTERPRISES, 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:

788 BAKER LANE  
WINCHESTER VA 22603

#### Mailing Address:

788 BAKER LANE  
WINCHESTER VA 22603

### 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 another business entity with an active Florida registration.)

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

JOEL GRIFFING

Name

602 CAMINO REAL

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

HOWEY-IN-THE-HILLS FL 34737

City, State, and Zip

*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..*

Joel Griffing  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

**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:**

MGR

C. JOSEPH HENLEY

788 BAKER LANE

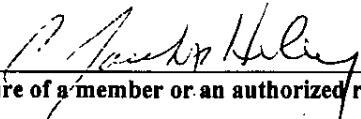
WINCHESTER, VA 22603

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than 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.)

C. JOSEPH HENLEY

Typed or printed name of signer

**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)

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TALLAHASSEE FLORIDA