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Office Use Only



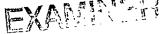
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SECRETARY OF STATE

T. HAMPTON FEB 2 6 2010



COVER LETTER

TO:	Registration Section Division of Corporations
	S'30
SUBJE	T:Name of Limited Liability Company
	Name of Emined Elability Company
The enc	osed Articles of Organization and fee(s) are submitted for filing.
Please r	urn all correspondence concerning this matter to the following:
-	Scott Andrighetti Name of Person
-	Firm/Company
-	1751 NE 27 AVE
-	POMPANO BEACH, FL 33062 City/State and Zib Code
_	HONDA 600 SCOTTO ATT NET E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
Scr	Name of Person at (954) 597 6009 Area Code & Daytime Telephone Number
Enclose	is a check for the following amount:
(\$125.0	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \$155.00 \text{ Filing Fee & S160.00 \text{ Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \$Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



RECEIVED

10 FEB 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 16, 2010

SCOTT ANDRIGHETTI 1751 NE 27 AVE POMPANO BEACH, FL 33062

SUBJECT: SJO, LLC

Ref. Number: W10000007788

We have received your document for SJO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 610A00003821

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liabil	ity 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:		
1751 NE 07 AVE Porripaino Boh, FC 33002	Same		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another		
The name and the Florida street address of the r	egistered agent are:		
Pompano Bol City, State, and	15062		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
Pacietanad Agant's Signat	UNIO (PECULIPED)		

(CONTINUED)

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 Member	Name and Address:
MGR	Scott Andrighthi 1751 NE 27 AVE Pompano Bch, FC 33062
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior
Jagar Co	ndighth or an authorized representative of a member.
of this document constite that the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.) ed or printed hame of signee
Elling Franci	ed or printed name or 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)

JIVISION OF CORPORATIONS