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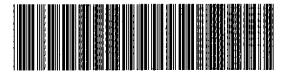
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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ss Entity Na	me)
(Docum	nent Number))
Certified Copies	Certificate	s of Status
Special Instructions to Filin	a Officer:	

L. SELLERS

AUG 25 2010

EXAMINER

Office Use Only



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08/24/10--01030--009 **125.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HJJJ 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:
Heather Kelso Name of Person
N/A Firm/Company
213 Kelly Rd Address
Niceville, FL 32578 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Kelso at (850) 205 - 83101 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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:	
(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 Comp	any is
Principal Office Address: Mailing Address:	
213 Kelly Rd 4-Same Niceville, FL 32578	
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: Heather Huso Name	
Florida street address (P.O. Box NOT acceptable)	
Michael FL 32578 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F	it as is of al h and
Registered Agent's Gignature (REQUIRED)	

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Ma The name and address of each Man	anaging Member(s): lager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGB	Heather Helso als helly Ad nicevilled FL 30078
MARM	Jenniter Edie U20 Kahuna brive Fort Walton Beach, FL 35547
MGRM	Johney Helsone 407 Brown Place Crestnew Fl 32539
MGRM	Johnstnonhelso 1043 Ormanood Ave. SE Atlanta, GA 30314
(Use attachment if necessary)	•
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	ber or an authorized representative of a member.
(In accordance with so of this document con that the facts stated I	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Heathe	ryclso

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)