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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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J. SAULSBERRY EXAMINER SEP 1 7 2010

COVER LETTER

TO: Registration Division of C			
SUBJECT: J&J Gk	obal Enterprises L.L.C.		
		ted Liability Company	
	of Organization and fee(s) are	-	
riease return an corres	pondence concerning this man	tter to the following.	
Jasmin John	son -President		
		Name of Person	
J & J Global	Enterprises		
		Firm/Company	
PO BOX 265	302		
		Address	· · · · · ·
DAYTONA B	EACH ,FLORIDA , 32126	3	2
IARED7011/	Ci I@AOL.COM	ty/State and Zip Code	2010 SEP 16 PM 4:
JADEK/9112		for future annual report notification)	
For further information	concerning this matter, pleas	•	I6 P
	71		
JACK ABERMAN		at (386) 527-5820	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	for the following amount:	PAID AIREADY	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
J&J Global Enterprises L.L.C. (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
434 N HALIFAX AVE- SUITE 2	PO BOX 265302
DAYTONA BEACH ,FLORIDA	DAYTONA BEACH,FLORIDA
32118	32126
The name and the Florida street address of the Jasmin Johnson Name 434 N HALIFAX AVE- Si Florida street ad	resident 5
DAYTONA BEACH City, S	FL 32126 tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all verformance of my duties, and I am familiar with and instered agent as provided for in Chapter 608, F.S

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
	% 2
VICE PRESIDENT	JACK ABERMAN E
	434 NORTH HALIFAX AVE-SUITE-2 DAYTONA BEACH.FLORIDA ,32118
	DAYTONA BEACH.FLORIDA ,32118
	Maria (a)
·	m) =
	
	Egg. N
	<u> </u>
	
(Use attachment if necessary)	
(Use attachment if necessary)	
•	nan the date of filing: (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date is	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
CLE V: Effective date, if other the	
CLE V: Effective date, if other the effective date is listed, the date is	
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.)	
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CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
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CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a	nust be specific and cannot be more than five business days MUMM - Vice PlesiDent member or an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume)	nust be specific and cannot be more than five business days MUMM - Vice President
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts s	must be specific and cannot be more than five business days WWW - Vice PlesiDent member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury

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)