L10000 111516

(Re	questor's Name)	
(Ad	dress)	· · · · · ·
(Ad	dress)	***
(Cit	y/State/Zip/Phone	⊋ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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10/25/10--01015--018 **125.00

SECRETARY OF SIALE DIVISION OF CORPORATION

N. Cultican ACT 2.6 2010

Return Name and Address

Kathryn McGrew & Kim Johnson

16100 Emerald Estates Dr. Apt. # 494

Weston, FL 33331

Date: 9-27-10

Florida Department of State **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

Re: Articles of Organization

Dear Sir

Enclosed please find an original and one copy of ARTICLES OF ORGANIZATION along with the filing fee of \$125.00. Please file and provide a filed copy to me, together with any other information you commonly provide to new organizations at the address above.

Please contact me at the above address if you require anything further.

Enclosures

Check # 10 10 Enclosed for \$125.00

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Jerusa	lem Investments, LLC
302020		ted Liability Company
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	tter to the following:
	Kim John	son & Kathryn McGrew
		Name of Person
		Firm/Company
	16100 Emei	rald Estate Dr. Apt. # 494
		Address
		eston, FL 33331
e@datashare co	nsulting, com	ity/State and Zip Code
	E-mail address: (to be used	ulting-com or kjh2@mac.com for future annual report notification)
For further in	formation concerning this matter, pleas	se call:
	Kim Johnson	at (954)557-3343 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:	
[]	ling Fee \$\Bigsim\$\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
⊈ J\$125.00 Fil	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
Jerusalem Inves		
(Musi end with the Words Emilieti Emi	oung Company, 12.12.0., or 12.20.)	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
16100 Emerald Estate Dr. Apt. #494 Weston, FL 33331	16100 Emerald Estate Dr. Weston, FL 33331	_Apt. #494
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent' istered Agent. You must designate an indiv	vidiial or another
The name and the Florida street address of the registered agent are:		SECRETAR //SION OF A
Kim H. J	Johnson	7 95-
Nam	е	
16100 Emerald Es	state Dr. Apt. #494	3 200
Florida street address (P.6		RATIO
Weston, FL 33331	-	3
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..

Registered Agent's Signature (REQUIRED)

(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" = Mana	(3A)*	Name and Address:	
"MGRM" = Ma	_		
MGRM		Kathryn M. McGrew	
		16100 Emerald Estate Dr. Apt. #494	
		Weston, Fl. 33331	
MGRM		Kim H. Johnson	
		16100 Emerald Estate Dr. Apt. #494	
		Weston, FL 33331	
	<u></u>		
(Use attachment	t if necessary)		
(Soo illustriciti	. It necessary)		
RTICLE V: Effective	date, if other than the da	ate of filing: (OPTION	JAL)
		specific and cannot be more than five business d	ays prior
or 90 days after the d	ate of filing.)	1	9
REQUIRED SI	GNATURE:		VISE .
·	A		SECRETARY ISON OF C
	43	M H - House	7 95-
	Signature of a member of	or an authorized representative of a member.	ي المراج
		on 608.408(3), Florida Statutes, the execution	3 图 图 9 9
	that the facts stated hereis	ites an affirmation under the penalties of perjury n are true.)	
	K	ates an affirmation under the penalties of perjury n are true.) athryn M. McGrew / Kim H. John does printed name of signed.	MEORE
	Typed	d or printed name of signee	7
Eiling Ung			

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)