(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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G. MCLEOD

DEC 10 2010

**EXAMINER** 



200187746512

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## COVER LETTER

Division of	on Section Corporations		:
Sommer. JEr	nterprises LLC		
Syldder 1.		ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
Johann	a Blomberg		
<u> </u>		Name of Person	
J Enter	prises LLC	÷	
**************************************		Firm/Company	
2269 S	. University Dr. Suit	e 135	
		Address	
Davie, Fl	_ 33324		
	Cit	y/State and Zip Code	
johannab	Imbrg@gmail.com		
For further informati	on concerning this matter, please	for future annual report notification) e call:	
Johanna Blom	-		
	me of Person	at (954) 684-5444  Area Code & Daytime Telephone Number	
Enclosed is a check	c for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
	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	
e kanalington	- 1 - 1886 St 31 - 33 P. t. Streen J. B. t. than	•	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liab	ility Company is:				
UNLEAS		· <del></del>	LLC			
(	(Must end with the	words "Limited Liabil	ity Company, "L.L.C.," or "LLC."	)		
ARTICLE II The mailing add		t address of the pr	incipal office of the Limite	ed Liability Cor	npany	' is:
rıncipal Oifice	e-Address:		Mailing Address:			
2269 S. Universi Davie, FL 33324	···	135	2269 S. University Drive Davie, FL 33324	Suite 135		
ARTICLE III (The Limited Liability business entity with	Company cannot	seave as its own Regist	Office, & Registered Agered Agent. You must designate ar	ent's Signature	er <b>7</b>	
The name and th	e Florida stre	et address of the r	egistered agent are:	発売	DEC.	eran <sub>i</sub> gs L
	Johanna	a Blomberg		SSE	-9	Car makes
		Name		ب نبز	AM	
	2269 S	. University	Drive Suite 135	)F STATE , FLORIDA	င္ပဲ	
	**************************************	Fiorida street add	ress (P.O. Box <u>NÓT</u> acceptable	a) <b>2</b> 7	2	
	Davie,		<sub>FL</sub> 33324			
	***************************************	City, Sta	te, 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.

Legistered Agent's Signature (REQUIRED

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er
MGR	Johanna Blomberg
	2269 S. University Drive Suite 135
	Davie, FL 33324
- <del>-</del> .	
endelstade de delicarios della company de la company de la company	
	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
(Use attachment if necessary)	
Use attachment if necessary)  LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	than the date of filing:OO (OPTION must be specific and cannot be more than five business d
EV: Effective date, if other tective date is listed, the date days after the date of filing.)	than the date of filing: Oh Oh 11 (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other trective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	than the date of filing: Old Old Old OPTION  must be specific and cannot be more than five business d  Down of the specific and cannot be more than five business d  a member or an authorized representative of a member.
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation aware that any fallows.	must be specific and cannot be more than five business d

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)