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Special Instructions to	Filing Officer:	
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EXAMINER



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JAG Financial Grou	ip. LLC
	Limited Liability Company
The enclosed Articles of Organization and fee(s	·
Please return all correspondence concerning thi	s matter to the following:
Juan A. Godina	
	Name of Person
JAG Financial Group, I	LC
	Firm/Company
1802 Adventure Place	
	Address
North Lauderdale, FL., 33	068
	City/State and Zip Code
jgod3777@gmail.com E-mail address: (to be	used for future annual report notification)
For further information concerning this matter,	please call;
Juan A. Godina Name of Person	at (954) 263-4015 Area Code & Daytime Telephone Number
Thing of Control	
Enclosed is a check for the following amou	int:
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	us Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building
rananassee, 1 to 525	Tallahassaa El 22201

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
JAG Financial Group, LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1802 Adventure Place North Lauderdale, FL., 33068	1802 Adventure Place North Lauderdale, FL., 33068	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		ial or another
The name and the Florida street address of the re	egistered agent are:	10 DE1
Francis I. Molina		DEC 27
Name		m ·
1802 Adventure F	Place	PH 2: 35
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	Σ Σ
North Lauderdale,	g 33068	Omi 57 P

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..

City, State, and Zip

gistered 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	Juan A. Godina
	1802 Adventure Place
	North Lauderdale, FL., 33068
MGR	Francis I. Molina
	1802 Adventure Place
	North Lauderdale, FL., 33068
(Use attachment if necessary)	
	he date of filing: January 1,2011 (OPTIO

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Juan A. Godina

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Contified Conv. (Ontional)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)