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(Requ	estor's Name)	
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(City/S	state/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer

L. SELLERS

MAR 25 2011

**EXAMINER** 

Office Use Only



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03/24/11--01040--001 \*\*130.00

FILING CANCELLED RETURNED CHECK

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

### **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: JOYNER AND ASSOCIATES 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:	
ALFRED JOYNER III	
Name of Person	
JOYNER AND ASSOCIATES LLC	
Firm/Company	
6900 SW 26TH STREET	
Address	
HOLLYWOOD, FL 33031	
City/State and Zip Code	
ALFRED.SANTAN.JOYNER@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ANGELA BLOUNT at (954 ) 243-0888	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee   ✓ \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	ıs &
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	

## FILING CANCELLED RETURNED CHECK

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is	:		
JOYNER AND ASSOCIATES LLC			
(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	orincipal office of the Limited Lie	ability Company is:	
Principal Office Address:	Mailing Address:		
6900 SW 26TH STREET	6900 SW 26TH STREET		
MIRAMAR, FL 33031	MIRAMAR, FL 33031		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent are:		
ANGELA BLOUNT			
Name	•		
5515 PLUNKET	T STREET		
	Idress (P.O. Box NOT acceptable)		
HOLLYWOOD	<sub>FL</sub> 33021		
City, S	tate, and Zip		
Having been named as registered agent and to 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 the obligations of my position as reg	this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I am	e appointment as the provisions of all a familiar with and	
Registered Algent's Signa	Bloud hture (REQUIRED)	FIL 1 11 MAR 24 SECRETARY TALLAHASSE	
(CONTIN	NUED)		

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:

MANAGER	ALFRED JOYNER III 6900 SW 26TH STREET
	MIRAMAR, FL 33031
MGRM	DERRICK JOYNER
	18520 NW 19TH STREET
	MIAMI GARDENS, FL 33013
Use attachment if necessary)	
E V: Effective date, if other the	an the date of filing: (OPTION

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

#### **ALFRED JOYNER III**

Typed or printed name of signee

#### 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)