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SECURITARY OF STATE

AND ANASSEE, FLORIDA

EXAMINER

APR. 1 1 2011

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Tameka Leslie-Collier Name of Person
	Joyful Jubilees, LLC.
	2421 Tarpon Drive
-	Miramar, FL 33023 City/State and Zip Code
-	TLC0394@ yahoo.com E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
	Tameka Leslie-Collier at (954) 594-2977 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \text{\$\ \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \text{\$\ \text{\$\ \text{\$\ \text{Certified Copy (additional copy is enclosed)}}} \$\ \text{\$\ \tex
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Joyful Jubilees, (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2421 Tarpon Drive Miramar, FL 33023	2421 Tarpon Drive Miramar, FL 33023
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registate business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	ment in the
lameka_L Name	eslie-Collier
A421 Torr Florida street add	eslie-Collier con Drive ress (P.O. Box NOT acceptable)
Miramar, City, Sta	FL 33023 49 49 49 49 49 49 49 49 49 49 49 49 49
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

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" = Manager "MGRM" = Manag	
MGR	Tameka Leslie-Collier 2421 Tarpon Drive Miramar, FL 33023
MGRM	Atarius Collier 2421 Torpon Drive Miramar, FL 33023
MGRM	Diana Leslie. 18821 N.W. 1111 Avenue Miami, FL 33169
(Use attachment if r	necessary)
n effective date is listed	te, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days profiling.)
90 days after the date <u>REQUIRED</u> SIGN	IATURE:
REQUIRED SIGN	APP.QDELL
REQUIRED SIGN	ignature of a member or an authorized representative of a member.
Signation (In accordance constitutes I am award	APP.QDELL

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)