Page 1 of 1

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000096293 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 : (305)599-0839

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: (305)592~9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

### FLORIDA LIMITED LIABILITY CO. J & S CUSTOMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. BRYAN

Electronic Filing Menu Corporate Filing Menu Help APR 1 3 2011

**EXAMINER** 

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

## J & S CUSTOMS, LLC

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company

#### Principal Office Address:

Mailing Address:

14401 GREENBRIAR MANOR

DAVIE, FL 33325

14401 GREENBRIAR MANOR DAVIE, FL 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SEAN P. MCCARTHY

14401 GREENBRIAR MANOR

Florida strect address (P.O. Box NOT acceptable)

DAVIE

FL 33325 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Citle:	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MGRM	SEAN P. MCCARTHY
VIOI (IV)	14401 GREENBRIAR MANOR
	DAVIE, FL 33325
	5.2
MGRM	JESSE D. SCHWARTZ
	2980 SW 116TH AVENUE
	DAVIE, FL 33330
the strain of th	
Use attachment if necessary)	
250 mano mano mano mano mano mano mano mano	
LE V: Effective date, if other than	the date of filing: (OPTIONA
fective date is listed, the date mus	at be specific and cannot be more than five business days
days after the date of filing.)	

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 heroin 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.)

## JESSE D. SCHWARTZ

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fce for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)