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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
APR 2 6 2011					
EXAMINER					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

11 APR 25 PH 1:31

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: First Class E Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this may	tter to the following:
Jaemain La	Name of Person
First Class Ent e	Firm/Company
3832 SW 70th A	Address
Miranar FC	33023 try/State and Zip Code
Mr. Jewica (@)	for future annual report notification)
For further information concerning this matter, pleas	se call:
A	•
Name of Person	at (454) 23z - 6563 Area Code & Daytime Telephone Number
Name of Person	Area code a Bayanie Telephote Names
Enclosed is a check for the following amount:	
(Paid: Full) S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	· · · · · · · · · · · · · · · · · · ·



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2011

TAEMAIR LEWIS 3832 SW 70TH AVENUE MIRAMAR, FL 33023

SUBJECT: FIRST CLASS ENTERPRISES L.L.C.

Ref. Number: W11000019208

We have received your document for FIRST CLASS ENTERPRISES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 211A00008273

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

_			21212	_		
•		Name		-		
_	3832 SW	70th	Aue	_		
	Florida	street addres	s (P.O. Box NOT accept	able)		
_	Nivamor	}	1 33023	_		
		City, State,	and Zip			
liability company registered agent and statutes relating to	y at the place design d agree to act in this o the proper and cor	nated in this s capacity. nplete perfo	eept service of process certificate, I hereby of I further agree to com ormance of my duties, red agent as provided	accept the appoint ply with the pro and I am famili	intment o visions ar with o	as of all and
		1		i		
	Registered Ager	N's Signature	(REQUIRED)	Y.C.	<u>}</u> ==	
	(C	ONTINUI	ED)	LAHASSE	APR 25	7
]	Page 1 of 2		inc	3 3	[]
					/1	-

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

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

Name and Address:
Jamoir Lewis 3832 Sw 70th Ave Miramar FL 35023
Λ .
ate of filing: Acil 25 2011 (OPTIONAL)
ate of filing: 25 2011 (OPTION specific and cannot be more than five business da

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.)

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)