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(Re	equestor's Name)	 		
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EFFECTIVE DATE 05-02-11

11 MAY -5 PH 6: 4.6

B. BOSTICK

MAY - 9 2011

EXAMINER

COVER LETTER

Registration Section

Division of Corporations			
SUBJECT: G	& J LLC		
SUBJECT:	Name of Limited	l Liability Company	
The enclosed Ar	ticles of Organization and fee(s) are su	bmitted for filing.	
Please return all	correspondence concerning this matter	r to the following:	
	MAIRA EX		
	1	Name of Person	
	G & .	J LLC	
	1	Firm/Company	
	6930 BYRON	N AVE # 12-A	
		Address	
	MIAMI BEAG	CH FL 33141	
	City/	State and Zip Code	₹
	GPENA7290@YA		
	E-mail address: (to be used for	r future annual report notification)	AR E T
For further infor	mation concerning this matter, please	call:	SE I
MAIRA	EXPOSITO	at (305) 3167911	
	Name of Person	Area Code & Daytime Tele	phone Number 0
Enclosed is a c	heck for the following amount:		ADA SIE 8-11-6
\$125.00 Filing F		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:			
G&JLLC				
(Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")		-	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited L	iability (Comp	any is:
Principal Office Address:	Mailing Address:			
8725 NW 117ST #20 6930 BYRON AVE HIALEAH , #12-A			-	
FL 33016	MIAMI BEACH,FL 33141		-	
6930 BYRON	The registered agent are: POSITO Name AVE#12-A	SEURE FIGURE ST TALLAHASSEE, FLO	11 MAY -5 PH	
	eet address (P.O. Box <u>NOT</u> acceptable)	ATE	6։ կ 6	
MIAMI BEACH	FL 33141 ity, State, and Zip	Ä	٥,	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the ed in this certificate, I hereby accept to pacity. I further agree to comply with ete performance of my duties, and I as registered agent as provided for in (the appoi th the pro um familio	ntmen vision ar witi	nt as ns of all h and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MAIRA EXPOSITO
	6930 BYRON AVE #12-A MIAMI BEACH FL, 33141
MGRM	GLADYS PENA
	6944 BYRON AVE #12
	MIAMI BEACH, FL 33141
	УS - ОЛ
The state of the s	
	RIDA ROA
(Use attachment if necessary)	ŕ
	he date of filing: 05-02-2011 . (OPTIONAL) t be specific and cannot be more than five business days prior
or you days after the date of ming.	
REQUIRED SIGNATURE:	
Signature of a men	nuer 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.)

GLADYS PENA

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)