

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fatility Manya)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUL 1 9 2011

EXAMINER



400209659804

07/11/11--01016--019 **125.00

TH JUL 18 PM 3: 34

. COVER LETTER

	on Section f Corporations	•	
DIVIDION O			
SUBJECT: JC N	Mixology LLC		
	Name of Limi	ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all con	respondence concerning this mat	ter to the following:	
Jeremie I	Moore		
		Name of Person	
JC Mixol	ogy LLC		
<u> </u>		Firm/Company	
5151 NE	1st Ave		
		Address	
Oakland p	oark, FL 33334		
		ty/State and Zip Code	
jeremie@	jc-diggity.com		
	E-mail address: (to be used	for future annual report notification)	
For further informat	tion concerning this matter, pleas	e call:	
Jeremie Moore	•	at (954) 604-0595	
N	ame of Person	Area Code & Daytime Teler	hone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$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	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JC Mixology 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	y is:
Principal Office Address: Mailing Address:	
5151 NE 1st ave	
Oakland Park, FL 33334	
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: Jeremie Moore	
Name Name	
5151 NE 1st Ave	e contra
Florida street address (P.O. Box NOT acceptable)	g
Oakland Park FL 33334	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated am liability company at the place designated in this certificate, I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (REQUIRED)	s f all nd

(CONTINUED)

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:

MGR	Jeremie Moore	
	-	
		
(Use attachment if necessary)		
FEW December data is always and	the date of filing:	(OPTION

REQUIRED SIGNATURE:

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 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.)

Jeremie Moore

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)