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SECRETARY OF STATE
TALLAHASSEE, FLORIN

J. SAULSBERRY EXAMINER AUG 1 2011

COVER LETTER

TQ:

Registration Section

si i	Division of Corporations			
	SUBJECT: JLY HOLDINGS LLC			
	Name of Limited Liability Company			
	The enclosed Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	FRECIA OSORNO			
	Name of Person			
	FRECIA OSORNO			
	Firm/Company	ŧ	<u> </u>	
	7065 WESTPOINTE BLVD SUITE 311	SECF		_
	Address	 Ad	JUL 29	
	ODLANDO EL 2202E	SSE	29	ſ
	ORLANDO FL 32835 City/State and Zip Code	700	-	ſ
	KEN@AXISENERGY.NET	STÄ]	ထဲ	Ç
	E-mail address: (to be used for future annual report notification)	A A	- <u> </u>	- [-
	For further information concerning this matter, please call:			
	KEN SERRANO at (407) 399-9142			
	Name of Person Area Code & Daytime Telephone Numb	ber		
	Enclosed is a check for the following amount:			- [
V	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	Filing Fate of Sta d Copy al copy is e	tus &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JLY HOLDINGS LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7065 WESTPOINTE BLVD SUITE 311 ORLANDO FL 32835	7065 WESTPOINTE BLVD SUITE 311 ORLANDO FL 32835
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
FRECIA OSORNO	JL 29 JARY ASSEL
Name	
7065 WESTPOINTE E	BLVD SUITE 311 ess (P.O. Box NOT acceptable)
Florida street addre	ess (P.O. Box NOT acceptable)
ORLANDO	E 32835

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..

City, State, and Zip

Registered Agent's Signature (REOUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	FRECIA OSORNO
	7065 WESTPOINTE BLVD SUITE 311
	ORLANDO FL 32835
	201 SE
	≥20 ⊆
	AAA
	SSE
	<u> </u>
(Use attachment if necessary)	AUGUST, 20, 2011 50 in
CLE V: Effective date, if other than th	ne date of filing: JULY 1 2011 (OPTIONAL
effective date is listed, the date must	be specific and cannot be more than five business days
00 days after the date of filing.)	

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.)

FRECIA OSORNO

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)