

L11000115005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

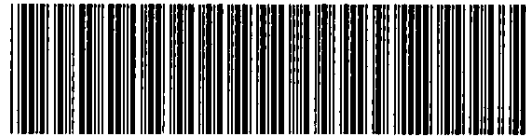
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800212283278

10/06/11--01016--018 \*\*130.00

Effective Date

10/2/11

FILED

2011 OCT -6 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT -7 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JE A Distributors  
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:

Arthur Lungi  
Name of Person  
JE A Distributors  
Firm/Company  
179 Torrance Chapel Rd.  
Address  
Mooreville, N.C. 28117  
City/State and Zip Code  
lungi.arthure@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Lungi at (954) 494 9685  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301

Effective Date

10/2/11

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JE A Distributors 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 is:

#### Principal Office Address:

9900 NW 46 Court  
Sunrise FL 33351

#### Mailing Address:

179 Torrance Chapel Rd  
Mooresville, NC 28117

### 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:

Arthur Luigi

Name

9900 NW 46th Court

Florida street address (P.O. Box **NOT** acceptable)

Sunrise FL 33351

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.*

Arthur Luigi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2011 OCT -6 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

President

Vice President

**Name and Address:**

Arthur Luigi  
179 Torrance Chapel Rd  
Mooreville, NC 28117

Jonathan Garcia  
4900 NW 96th Ct.  
San Jose, FL 33351

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/2/11. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Arthur Luigi  
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.)

Arthur Luigi  
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)

FILED  
2011 OCT -6 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA