# 111000117944

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECONDIARY OF STATE
ALLAHASSEF ELOSION

F. HAMPTON

INCT 1 7 2011

EXAMINER

# **COVER LETTER**

	ion Section of Corporations	
SUBJECT: J	NJ, LLC	
	Name of Lim	ited Liability Company
The enclosed Artic	les of Organization and fee(s) are	e submitted for filing.
	rrespondence concerning this ma	_
	,	
WIL R	OS	Name of Person
		Name of Ferson
JWJ, L	LC .	
		Firm/Company
6000 E	RIE ROAD	
,		Address
PARRIS	6H, FL 34219	
<del></del>		ity/State and Zip Code
	F-mail address: (to be used	for future annual report notification)
For further informa	tion concerning this matter, plea	·
· ·	non concerning this matter, piear	Se can.
WIL ROS		at (_850)_699 7924
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
\$125.00 Filing Fee		\$155.00 Filing Fee & S160.00 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



### RECEIVED

11 OCT 14 PM 4:00

### SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2011

WIL ROS 6000 ERIE RD PARRISH, FL 34219

SUBJECT: JWJ, LLC

Ref. Number: W11000050572

We have received your document for JWJ, LLC and your check(s) totaling \$130.00. 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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00022589

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
<del>JWJ, LEC</del> JW	JT.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	ie principal office of the Limited I	Liability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
6000 ERIE ROAD	6000 ERIE ROAD	
PARRISH, FL 34219	PARRISH, FL 34219	<del></del>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of the street address of th	Registered Agent. You must designate an ind	t's Signature: ividual or another
WIL ROS		
	ame	
6000 ERIE RO	AD	
Florida stree	et address (P.O. Box NOT acceptable)	
PARRISH, FL 3421	9 <sub>FL</sub>	
. City	y, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as it	l in this certificate, I hereby accept a acity. I further agree to comply will be performance of my duties, and I d	the appointment as th the provisions of all am familiar with and
inalla	b	2011 OCT SECTED TALLAH
	ignature (REQUIRED)	IL.
Page 1	i of2	AH 7: 13

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	r
MGRM	WIL ROS
- INCICIO	6000 ERIE ROAD
	PARRISH, FL 34219
MGR	JOSEPH GRATTON
	7008 LENNOX PLACE
	UNIVERSITY PARK, FL 34201
MGR	JOHN TOWNSEND
	6000 ERIE ROAD
	PARRISH, FL 34219
-	
LE V: Effective date, if other the ffective date is listed, the date in	an the date of filing: (OPTIONAtust be specific and cannot be more than five business day
ffective date is listed, the date m	an the date of filing: (OPTIONAtust be specific and cannot be more than five business day
LE V: Effective date, if other the ffective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business day
CLE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business day  www.  member or an authorized representative of a member.
ELE V: Effective date, if other the ffective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation I am aware that any false	member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
ELE V: Effective date, if other the ffective date is listed, the date medians after the date of filing.)  REQUIRED SIGNATURE:  Signature of a recordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
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