

(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

G. MCLEOD

DEC - 1 2011

EXAMINER



300214362143

11/22/11--01017--013 **130.00

11 NOV 30 PH 1:01
SECRETARY OF STATE



Trevor Allen, Paralegal tallen@sgrwlaw.com Direct Dial: 301-634-3174

November 30, 2011

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organziation

Ref No.: W11000059361 Our File No.: 20081-3

Dear Sir or Madam:

We received the enclosed letter regarding our filing of the Articles of Organization for J & AT, LLC. Pursuant to the letter, J & AT, LLC was not distinguishable from the name of an existing entity. Therefore, enclosed please find Articles of Organization for JOAV, LLC. Please use the funds that you received from us with regards to J & AT, LLC for this filing.

Please file the enclosed documents and send the certificates of status to my attention. If you have any questions please feel free to give me a call.

Very truly yours,

Trevor Allen

Enclosures

Cc: Neil Gurvitch, Esq.

Joel Tessler

G:\Clients\20081-3\27 Ltr to FL Dept of Corporations re filing articles for JOAV, LLC.doc

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
JOAV	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 Lia	bility Comp	any is:
Principal Office Address:	Mailing Address:		
11823 Charen Lane	11823 Charen Lane		
Potomac, MD 20854	Potomac, MD 20854		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)			
The name and the Florida street address of	f the registered agent are:	12 Z	
C T Corporation S	ystem	L C A	NOV 30
	Name	HASE ASE	₩
1200 South Pi	ine Island Road	TARY	•
Florida stro	eet address (P.O. Box <u>NOT</u> acceptable)	유유	3
Plantation	_{FL} 33324	#07 #1S	= D
C	ity, State, and Zip	OF STATE E. FLORIDA	2
Having been named as registered agent ar liability company at the place designate		bove stated i	

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..

Mark Brinkman Vice President and Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joel Tessler
	11823 Charen Lane
	Potomac, MD 20854
MGRM	Aviva Tessler
 	11823 Charen Lane
	Potomac, MD 20854
	
(Use attachment if necessary)	
fective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTION ust be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	in the date of filing: (OPTION ust be specific and cannot be more than five business date to be specific and cannot be more than five business date. I Liste ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	Listes Member or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	Listes Member or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	I Justice I demonstrate the specific and cannot be more than five business day I demonstrate the second of the s