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SECUTARY OF STATE

T. HAMPTON

...... 14 8 2011

EXAMINER

COVER LETTER

TO:	Registration of	on Section Corporations	•	
SUBJI	_{ect:} Jers	sey Garcia Enterpri	ses, LLC.	
		Name of Limit	ed Liability Company	
The en	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this mat	ter to the following:	
	Jersey	Garcia		
			Name of Person	_
			Firm/Company	_
	1110 S	W 109 Ave.	······	
			Address	-
ا	Pembrok	e Pines, FL 33025		
			y/State and Zip Code	_
	jerseygar	ciaenterprises@gmail.	COM for future annual report notification)	
For fur	ther informati	on concerning this matter, please		
Jerse	ey Garcia		_at (305) 7412869	
	Nar	me of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check	for the following amount:		
125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Jersey Garcia Enterprises, LLC			
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1110 SW 109 Avenue Pembroke Pines, FL 33025	1110 SW 109 Avenue Pembroke Pines, FL 33025		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another		
Jersey Garcia Name			
1110 SW 109 Ave	NO.		
	ress (P.O. Box <u>NOT</u> acceptable)		
Pembroke Pines	EL 33025		
	re, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, E.S Te (REQUIRED)		
CONTINI	IED) For 53		

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 "MGRM" = Managing Member	Name and Address:	
Manager	Jersey Garcia 1110 SW 109 Avenue Pembroke Pines, FL 33025	
		
(Use attachment if necessary)	e date of filing: (OPTION)	. 1 \
CLE V: Effective date, if other than the	e date of filing: (OPTIONAbe specific and cannot be more than five business day	AL) ys p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day	AL) ys p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. remation submitted in a document to the Department of State	ys p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may false information under that any false information stitutes at third degree felor of Jersey Garcia	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. remation submitted in a document to the Department of State	ys p
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