L12000045823

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE DIVISION OF CCRPDRATIONS

14-5-18

APR =3 2012 **I. HAMPTO**N

COVER LETTER

TO:	Registration of	on Section Corporations		•		
SUBJECT: JOYS HAINES CITY, 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:						
	JACOB	IDICULA				
		N	lame of Person			
JOYS HAINES CITY, LLC						
	Firm/Company					
	8623 JAMESTOWN DRIVE					
			Address			
WINTER HAVEN, FL 33884						
City/State and Zip Code						
jackey7@gmail.com E-mail address: (to be used for future annual report notification)						
For fu	ırther informati	on concerning this matter, please c	all:			
JACOB IDICULA at (863) 934 5279						
	Na	me of Person	Area Code & Daytime Tele	phone Number		
Enclo	osed is a checl	k for the following amount:				
]\$ 125.0	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 C Tallahassee, FL 32301			

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW • SINCE 1948

LAKE WALES (863) 676-7611 OR (863) 683-8942 FAX (863) 676-0643 P.O. DRAWER 7608 WINTER HAVEN, FLORIDA 33883-7608 LAKELAND (863) 683-6511 OR (863) 676-6934 FAX (863) 682-8031

141 5TH STREET, NW • WINTER HAVEN, FL 33881 (863) 294-3360 • FAX (863) 299-5498

www.PetersonMyers.com

March 30, 2012

Tammy Hampton, Regulatory Special II Registration Qualification Section FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

JOYS HAINES CITY, LLC

Your Ref. Number: W12000013426

Dear Ms. Hampton:

In connection with the above, enclosed please find the following documents we are submitting on behalf of our client, Joys Haines City, LLC:

- 1. copy of your letter of March 8, 2012; and
 - 2. cover Letter; and
 - 3. Articles of Organization for Florida Limited Liability Company.

It would be appreciated if you would substitute the enclosed Articles of Organization with those previously submitted to you and process them accordingly. It is our understanding that you are in receipt of the \$130 representing the fees for filing and providing a Certificate of Status. Upon filing, it would be appreciated if you would please forward the Certificate of Status to me in the self-addressed, stamped envelope provided.

Thank you for your assistance in this matter and please let me know if you need anything further to process this request.

Sincerely,

Marilyn O'Shea

Florida Registered Paralegal

Mo

Enclosures

c + encs: Jacog Idicula (via email jackey7@gmail.com)





FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 APR -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 8, 2012

JACOB IDICULA 8623 JAMESTOWN DR WINTER HAVEN, FL 33884

SUBJECT: JOYS LLC

Ref. Number: W12000013426

We have received your document for JOYS 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." andthe 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00008816

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I	- N:	ame:

The name of the Limited Liability Company is:

JOYS HAINES CITY, 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:

Mailing Address:

103 US HWY 17-92

HAINES CITY, FL 33844

8623 JAMESTOWN DRIVE WINTER HAVEN, FL 33884

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:

JACOB IDICULA

Name

8623 JAMESTOWN DRIVE

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

WINTER HAVEN

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..

> (REQUIRED) Registered Agent's

> > (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	
	MGMR	JACOB IDICULA
		8623 JAMESTOWN DRIVE
		WINTER HAVEN, FL 33884
	MGMR	GEORGE ABRAHAM
		2000 STATE ROAD 546 EAST
		HAINES CITY, FL 33844
	(Use attachment if necessary)	
		(0.0000.000.000.000.000.000.000.000.000
ARTIC	CLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
	iffective date is listed, the date must be s) days after the date of filing.)	specific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	
	REQUIRED SIGNATURE.	
	A	\mathcal{A}

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.)

JACOB IDICULA

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)

SECRETARY OF SALLINES
DIVISION OF CORPORATIONS
12 APR -2 PH 4: 07