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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	_{ECT:} J&H P	artners, L.L.C.			
00.50		Name of Limited	Liability Company		
The en	nclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please	e return all correspo	ondence concerning this matter	r to the following:	<i>;</i>	
	Stacy Joh				
		1	Name of Person		
		·	Firm/Company	<u> </u>	
	5270 NE	26th Ave.			
			Address		
	Fort Laude	rdale, FL 33308			
	stacv@mon	City/ eytalksnews.com	State and Zip Code	TALL.	\$
	otdoy@mon		r future annual report notification)	HAY HAY	<u> </u>
For fu	rther information	concerning this matter, please	call:	ARY SSE	
				mor A	T
	Name o	of Person	at () Area Code & Daytime Telep	OF STATE OF STATE	D
Enclo	sed is a check fo	r the following amount:		A	
\$125.0	0 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)	ı
		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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: J&H Partners, L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address: Principal Office Address:** 5270 NE 26th Ave. Fort Lauderdale, FL 33308 5270 NE 26th Ave. Fort Lauderdale, FL 33308 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 appther business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Stacy Johnson Name 5270 NE 26th Ave. Florida street address (P.O. Box NOT acceptable) _{FL} 33308 Fort Lauderdale 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.. Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Stacy Johnson
	5270 NE 26th Ave.
	Fort Lauderdale, FL 33308
MGRM	Olaf Haas
	2507 Key Largo Lane
	Fort Lauderdale 33314
	For Lauderdale 33314
	e date of filing: oe specific and cannot be more than five business days prior ARRY OF TOTAL
Signature of a manife	er or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section of the sect	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the matter of State and as provided for in s.817.155, F.S.)
•	yped 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)