

5/21/12

**L12000068299**

Division of Corporations  
 Florida Department of State  
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 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516) 935-3940  
 Fax Number : (516) 935-3088

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gnjcreations@comcast.net

RECEIVED  
 12 MAY 21 PM 4:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
 GNJ Creations LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

**B. KOHR**

MAY 22 2012

**EXAMINER** 1/2

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **GNJ Creations LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3706 Sanctuary Way N.

Jacksonville Beach, FL 32250

Mailing Address:

3706 Sanctuary Way N.

Jacksonville Beach, FL 32250

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12 MAY 21 AM 8:50  
RECEIVED  
FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Gary N. Johnson

Name

3706 Sanctuary Way N.

(P.O. Box or Mail Drop Box NOT Acceptable)

Jacksonville Beach, FL 32250

(City / State / 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 - Gary N. Johnson

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Gary N. Johnson

3706 Sanctuary Way N.

Jacksonville Beach, FL 32250

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Gary N. Johnson

Typed or printed name of signee