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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TARY OF STATE

B. BOSTICK
MAY 3 1 2012
EXAMINER

COVER LETTER

TO: Registration of Division of	on Section Corporations		
SUBJECT: GJN	M GROUP LLC	nited Liability Company	
	Name of Lin	med Liability Company	
The enclosed Article	es of Organization and fee(s) and	re submitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
JUAN S	SANTIBANEZ		
		Name of Person	* *
GJM G	ROUP LLC		
		Firm/Company	12 SE
305 N	13TH STREET		
		Address	SSE
FORT P	ERCE, FL 34982		THE 3 6
		City/State and Zip Code	3: 08 TATE ORID
 	E-mail address: (to be use	d for future annual report notification)	
For further informat	ion concerning this matter, plea	ase call:	
JUAN SANTIE	BANEZ	at (404) 397-4630	
Na	me of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a chec	k for the following amount:		
\$125.00 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
GJM GROUP LLC	

(Manat and with the

(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1409 DELAWARE AVE	305 N 13TH STREET
FORT PIERCE, FL 34950	FORT PIERCE, FL 34950

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:

JUAN SANTIBANEZ

Name
305 N 13TH STREET

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

FORT PIERCE FL 34950
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

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.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:

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34950	STAIR
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be more than five busine	ess day:

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.)

JUAN SANTIBANEZ

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)