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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE

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COVER LETTER

TO:	Registration of	on Section f Corporations	
SUBJEC	CT:	J & A Enterprises	of Cape Coral L. L. C.
SOBOL		Name of Limi	ted Liability Company
The encl	osed Article	es of Organization and fee(s) are	submitted for filing.
Please re	eturn all cor	respondence concerning this mat	ter to the following:
		John W	Connolly
		LO A Enternaisse	Name of Person
_		J & A Enterprises	of Cape Coral L. L. C.
<u></u> -		2498 VEF	RDMONT CT
			Address
		CAPE CO	RAL FL 33991
_		Ci	y/State and Zip Code
		annette@mo	
		·	for future annual report notification)
For furth	er informat	ion concerning this matter, pleas	e call:
	J	John W Connolly	_at (239) _ 410-0805
	Na	ime of Person	Area Code & Daytime Telephone Number
Enclose	d is a chec	k for the following amount:	
\$125.00 I	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

The name of the Limited Liability Company is	:	
J & A Enterprises	of Cape Coral L.L.C.	
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	rincipal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
I & A Enterprises of Cape Coral L.L.C.	J & A Enterprises of Cape Coral L.L.C. 2498 Verdmont Ct	
Cape Coral FI 33991	Cape Coral FI 33991	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another	
The name and the Florida street address of the r	registered agent are: nolly ALLAHASS	
John W Con	nolly 출발 및	ĩ
Name	AARY AARY SSS	~
2498 Verdmont C	nolly HASSEE, F	ן כ
Florida street add	dress (P.O. Box NOT acceptable)	, - .
Cape Coral	ot dress (P.O. Box NOT acceptable) FL 33991 FL 33991	
City, Sta	ate, and Zip	
University has a represent an accidence of account and to	manustanista efermana f. d. l. l. d. 112 te	,

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..

(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:

	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
I GR	John W Connolly
	2498 Verdmont Ct
	Cape Coral FI 33991
MGRM	Annette C C onnolly
	2498 Verdmont Ct
	Cape Coral FI 33991
Use attachment if necessary)	06/04/2042
LE V: Effective date, if other than the cetive date is listed, the date must	ne date of filing:06/01/2012 (OPTIONAL be specific and cannot be more than five business day
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LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day
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LE V: Effective date, if other than the detive date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day ALLAHASSEE
LE V: Effective date, if other than the detective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day
LE V: Effective date, if other than the detive date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of the detection of the date of t	be specific and cannot be more than five business day ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than the dective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business day
LE V: Effective date, if other than the detective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a m	be specific and cannot be more than five business day ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are frue. ormation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)