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SECRETARY OF STATE

CÖVER LETTER

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Division of Co			
SUBJECT: NJHOO	ops		
SOBSECT.		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
Nikki Jess	see		
		Name of Person	
NJHoops			
		Firm/Company	
1213 Rus	hgrove Circle		
		Address	
Dover, FL 3			
		y/State and Zip Code	
nicole.jessee	e@yahoo.com E-mail address: (to be used f	for future annual report notification)	
			,
For further information c	oncerning this matter, please	e cair:	
Nicole Jessee		at (727) 403-1872	•
Name o	f Person	Area Code & Daytime Telep	hone Number
Enclosed is a check 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	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
NJHoops, 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 prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1213 Rushgrove Circle Dover, FL 33527	1213 Rushgrove Circle Dover, FL 33527
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) The name and the Florida street address of the registration.	d Agent. You must designate an individual or another
Nicole Jessee	
Name	
1213 Rushgrove C	ircle
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
Dover _F	_{FL} 33527
City, State,	and Zip
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performancept the obligations of my position as register.	s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and
Registered Agent's Signature	(REQUIRED)

(CONTINUED)

Page 1 of 2

12 JUN 11 PH STATE
SECRETARY OF STATE
AND SEFF. FLORIDA

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

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

Nicole Jessee	1213 Rushgrove Circle
	Dover, FL 33527
	
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	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary))
E 17. E60. A	d d L. CCII
LE V: Effective date, if other	than the date of filing: (OPT) e must be specific and cannot be more than five busines

REQUIRED SIGNATURE:

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.)

Nicole Jessee

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)