## 1200082818

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

JUN 21 2012

**EXAMINER** 



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06/20/12--01005--014 \*\*125.00

12 JUN 20 PM 12: 08
SECRETARY OF STATE AT A MASSEE, FLORID

## **COVER LETTER**

Division of C			
SUBJECT:	J.Rox		
	Name of Limite	ed Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	Ja	nit Nassif	
		Name of Person	
	£J.	Rux Firm/Company	
-		Firm/Company .	
	504 E	ast Atlantic	Are.
-		Address	
	Delray Be	ach Florida y/State and Zip Code	33483
	City	y/State and Zip Code	
	Jrox3	87 Q yahoo. Co	M
		•	
	n concerning this matter, please		
Jan	ib Wussif	at ( 407 466 Area Code & Daytime Tele	- 7186
	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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
J. ROX LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
So 4 East Atlantic Are.  Delray Beach, Florida 33483  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Name	SEC T
4211 NE 25 <sup>th</sup> A	ess (P.O. Box NOT acceptable)
	ress (P.O. Box NOT acceptable)
Lignthouse Point City, Stat	FL 33064
City, Stat	e, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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)

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:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:	
"MGRM" = Managing	Member N/A	
	<del></del>	
	<del> </del>	
	·	
(Use attachment if nec	ssary)	
ICLE V: Effective date, i	other than the date of filing: (OPTIO	
ICLE V: Effective date, i	other than the date of filing: (OPTIO) e date must be specific and cannot be more than five business of	
TICLE V: Effective date, in effective date is listed, the 90 days after the date of	other than the date of filing: (OPTIO) e date must be specific and cannot be more than five business of filing.)	
ICLE V: Effective date, in effective date, the	other than the date of filing: (OPTIO) e date must be specific and cannot be more than five business of filing.)	
TICLE V: Effective date, in effective date is listed, the 90 days after the date of REQUIRED SIGNAT	other than the date of filing: (OPTIO) to date must be specific and cannot be more than five business of ling.)  URE:	
TICLE V: Effective date, in effective date is listed, the 90 days after the date of REQUIRED SIGNAT	other than the date of filing: (OPTIO) to date must be specific and cannot be more than five business of ling.)  URE:  Ture of a member or an authorized representative of a member.	
TICLE V: Effective date, in effective date is listed, the 90 days after the date of REQUIRED SIGNATION Signs  (In accordance constitutes and I am aware the	other than the date of filing: (OPTIO) to date must be specific and cannot be more than five business of ling.)  URE:	

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)