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(Re	equestor's Name)	,
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EXAMINER



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COVER LETTER

Registration Section ⁴ Division of Corporations

· TO:

SUBJECT: J & J Investo	nents of Tampa E	Bay, LLC	
	Name of Limited Liability		
The enclosed Articles of Organization	on and fee(s) are submitted for	r filing.	
Please return all correspondence cor	cerning this matter to the followers	owing:	
Julian Sabina			
	Name of Per	son	
J & J Investmen	ts of Tampa Bay,	LLC	
	Firm/Compa	ny	
15012 Roundup	Drive		
	Address		
Tampa, FL 33624			
	City/State and Zi	p Code	
sabor55@aol.com E-mail ad	dress: (to be used for future annu	ual report notification)	
For further information concerning t	his matter, please call:	·	
Julian Sabina	at (813	3684037	
Name of Person	Are	a Code & Daytime Telep	hone Number
Enclosed is a check for the follow	ving amount:		
\$125.00 Filing Fee \$130.00 Certification	ate of Status Certific	Filing Fee & Copy all copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	on Section Re of Corporations Di 6327 Cli ee, FL 32314 266	reet/Courier Address gistration Section vision of Corporations fton Building 51 Executive Center Ci llahassee, FL 32301	irc le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Lia

bility Company is:

J & J Investments of Tampa Bay, 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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
15012 Roundup Drive	15012 Roundup Drive	
Tampa, FL 33624	Tampa, FL 33624	<u> </u>
(The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street additional control of the control of		idual or another
John Porter		ARE U
	Name	88
15012 Rou	undup Drive	नु 👱 📆
Flor	rida street address (P.O. Box NOT acceptable)	SI : C
Tampa	_{FL} 33624	F STATE ORIDA
	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 accept the obligations of my position/as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGR	John Porter
	14111 Citrus Crest Circle
	Tampa, FL 33625
MGRM	Julian Sabina
	15012 Roundup Drive
	Tampa, FL 33624
(Use attachment if necessary)	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL
	must be specific and cannot be more than five business days
90 days after the date of filing.)	
DECLIDED CICAL TUDE.	
REQUIRED SIGNATURE:	
	1 () (1 / 1
X	// Collection
Signature of	a member or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution of this document
	tion under the penalties of perjury that the facts stated herein are true.
I am aware that any fa	
constitutes a third degr	alse information submitted in a document to the Department of State
–	ree felony as provided for in s.817.155, F.S.)
John Po	ree felony as provided for in s.817.155, F.S.)

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)