

L12000141916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

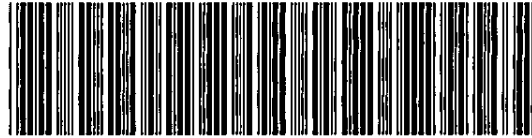
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NOV - 8 2012
L. SELLERS

Office Use Only



300241393443

11/06/12--01018--014 **160.00

FILED
12 NOV -6 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JFJ, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph T Taffaro
(Name of Person)

JFJ LLC
(Firm/Company)

915 Oceanshore Blvd, Apartment 304
(Address)

Ormond Beach FL 32176
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph T Taffaro at (201) 615-5260
(Name of Person) Area Code & Daytime Phone

STREET ADDRESS
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JFJ, LLC

ARTICLE II - Address:

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

Principal Office Address:

915 Oceanshore Blvd

Apartment 304

Ormond Beach, FL 32176

Mailing Address:

915 Oceanshore Blvd

Apartment 304

Ormond Beach FL 32176

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Joseph T Taffaro

Name

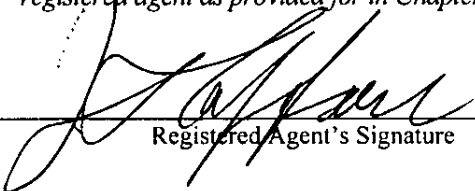
915 Oceanshore Blvd, Apartment 304

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

Ormond Beach FLORIDA 32176

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

FILED
12 NOV -6 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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" = Managing Member

Name and Address:

MGRM

Joseph T Taffaro
915 Oceanshore Blvd
Apartment 304
Ormond Beach, FL 32176

MGR

Frank Todora
1 Oceans West Blvd
Unit 10A2
Daytona Beach Shores, FL 32118

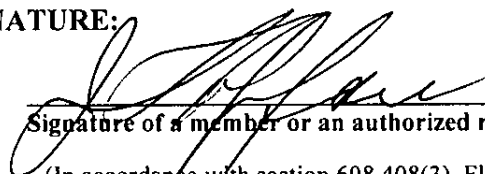
MGR

James Evans
1 Parkview Lane
Ormond Beach, FL 32174

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Joseph T Taffaro

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)