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Division of Corporations

305

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Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

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2nd Request!

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FLORIDA LIMITED LIABILITY CO.
JTF GROUP LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

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G. McLEOD

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1/9/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JTF GROUP 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:18459 Pines Blvd # 423
Pembroke Pines, FL 33029**Mailing Address:**18459 Pines Blvd # 423
Pembroke Pines, FL 33029**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

George L. Brito

Name

407 Lincoln Rd Ste 9AFlorida street address (P.O. Box NOT acceptable)Miami BeachFL 33139

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGMR

J.T Floyd

18459 Pines Blvd # 423

Pembroke Pines, Fl 33029

MGMR

Maria Floyd

18459 Pines Blvd # 423

Pembroke Pines, Fl 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/08/2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X 
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.)

JT Floyd

Typed or printed name of signee

Filing Fees:

**Filing Fee for Articles of Organization and Designation
of Registered Agent
Certified Copy (Optional)
Certificate of Status (Optional)**