

L13000036009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

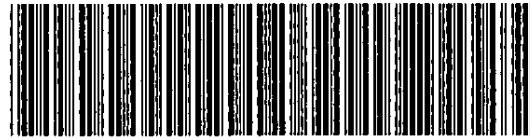
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900244563799

02/21/13--01031--013 \*\*160.00

**FILED**  
2013 MAR -8 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 11 2013  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2013

JOAN HILL  
3120 NW 191 ST  
MIAMI GARDENS, FL 33056

SUBJECT: JJ & T KIDS, LLC  
Ref. Number: W13000010924

We have received your document for JJ & T KIDS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 21, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 913A00004374

2013 MAR - 8 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JJ & T KIDS**

\_\_\_\_\_  
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:

**JOAN HILL**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**3120 NW 191 ST**

\_\_\_\_\_  
Address

**MIAMI GARDENS, FL. 33056**

\_\_\_\_\_  
City/State and Zip Code

**blossom4653@yahoo.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOAN HILL**

\_\_\_\_\_  
Name of Person

at ( **754** ) **245-1238**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

**FILED**  
2013 MAR - 8 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JJ & T KIDS, 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:

3120 NW 191ST, MIAMI GARDENS, FL 33056

### Mailing Address:

3120 NW 191ST, MIAMI GARDENS, FL 33056

## 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:

JOAN HILL

Name

3120 NW 191ST STREET

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

MIAMI GARDENS, FL 33056

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.*

Joan Hill

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2013 MAR - 8 AM 9:08  
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:**

✓ JOAN HILL "MGR"

3120 NW 191ST. MIAMI GARDENS, FL 33056

✓ JASON OVERTON

16233 SW 18TH PL., MIRAMAR, FL 33027

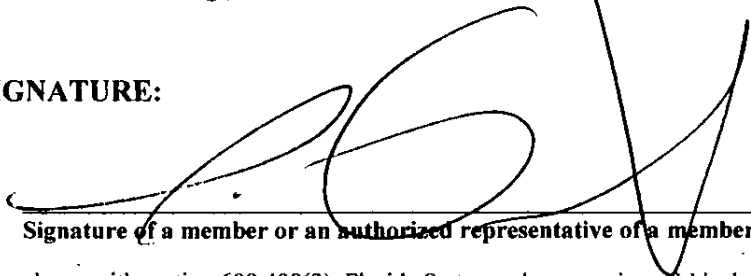
✓ TRAVIS OVERTON

16233 SW 18TH PL., MIRAMAR, FL. 33027

(Use attachment if necessary)

- ✓ **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



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.)

TRAVIS OVERTON

Typed or printed name of signee

**FILED**  
2013 MAR -8 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**