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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000202037 3)))



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Division of Corporations

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From:

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## FLORIDA LIMITED LIABILITY CO. JJGF LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sumbiz.org/scripts/efilcovr.exe

9/11/2013

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	T. Control of the con
JJGF	LL C
Must end with the words "Limited Liability Cor	mpany. "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Principal Office Address:	Mailing Address:
4951 SARAZIN OK Hellywood Fia 33021	4951 SARAZEN OF Hollywood Fla 33021
The Limited Liability Company ennnot serve as its own business entity with an active Plorida registration.)  The name and the Florida street address of Servey A Florida street address of Florida stree	tered Office, & Registered Agent's-Signature: Registered Agent. You must designate an individual or another  the registered agent are:  SEP   OF CORPORATIONS  Name  PL 33c21  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)
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H13000202037

Title: "MGR" - Manager "MGRM" = Managing Member	Name and Address;
"MGRM"	TEFFEY Alan Friedman 4981 SARAZED DE HUTTYWOOD FIA 33021
· ·	
(Use attachment if necessary)	
LE V: Effective date, if other than	
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing:(OPTIONAL
CLE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical decordance with of this document of that the facts state.	the date of filing:  st be specific and cannot be more than five business days  mber or an authorized representative of a member.  th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted betrein are true.)
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