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TALLAMASSES FLORES

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: J&JeCommerce LLC		The second secon
ВС ВС	Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	2
Please	return all correspondence concerning this m	natter to the following:	TON
	Joanne K. Graves		
		Name of Person	
	J & J eCommerce LLC		
		Firm/Company	
	3002 Painters Walk		
		Address	
	Flagler Beach, FL 32136		
	C	City/State and Zip Code	
<u>مز</u> ۔	kgraves8@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Joann	ne K. Graves at (	407 ) 314-2657 Area Code Daytime Te	lankana Niumban
	Name of Person	Area Code Dayume Te	lephone Number
Enclos	ed is a check for the following amount:		
<b>]</b> \$125.0	00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corpora	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
	,	
J & J eCommerce LLC		型性 王
(Must end with the words "Limited)	Liability Company, "L.L.C.," or "LLC.")	
	* * * * * * * * * * * * * * * * * * * *	2014 JUN 27 T
ARTICLE II - Address:		6 3
The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Tincipal Office Address.	Warning Mauress.	- STATE - 10
3002 Painters Walk	3002 Painters Walk	
Flagler Beach, FL 32136	Flagler Beach, FL 32136	
		<del></del>
ADDICE DE Destaural Anna A Destaural Cons	P. D. J. Land A court's Signature.	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own l		dividual or
another business entity with an active Florida registration		igividual of
who are a second starty with all about a restaurages and	.,	
The name and the Florida street address of the registered	agent are:	
Joanne K. Graves		
Name		
3002 Painters Walk		
Florida street address (P.O. Box	NOT acceptable)	
Flagler Beach	FL 32136	
City	Zip	
Having been named as registered agent and to accept ser	wise of process for the above stated limited i	liability company at
the place designated in this certificate, I hereby accept	t the annointment as registered agent and ag	ree to act in this
capacity. I further agree to comply with the provisions of	of all statutes relating to the proper and com	plete performance
of my duties, and I am familiar with and accept the obl		
	er 605, F.S	
	$\mathscr{M}$ $\mathscr{M}$	
MANY	4X / IAINA /	
MINUX		
Registered Agent's Signat	aire (REQUIRED)	
//		
(CONTINUI	ED)	
	•	
Page 1 of 2		

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	A. LINCOLD, PLANTILO, P. PR. TAMES
MGR" = Manager	
AMBR	Justin M. Collier
WITE CO.	5373 Deepwoods Court
	Sanford, FL 32771
	CONTAIN A AFT.
AMBR	Joanne K. Graves
( MILE! )	3002 Painters Walk
	Flagler Beach, FL 32136
	1. MARIOT DOGOTH 1 E 06 100
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V: Effective date, if other than the date tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m	MATA TAMES  ember or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6)	ember or an authorized representative of a member. 05,0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
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