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FILED
2014 SEP -8 MI ID: 45

## COVER LETTÉR

TO: Registration Section Division of Corporations
SUBJECT: The 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:
Michael Lucas Name of Person
Firm/Company
4101 NW 99 Terrac
Sunrise, FL 3335/ City/State and Zip Code  MJL 106@bell5outh, net  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Lucas at 954 553-2609  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JL & ML, LLC		
ARTICLE II - Address: The mailing address and street address of the principal offi	ciability Company, "L.L.C.," or "LLC.")	
Principal Office Address:	Mailing Address:	
4101 NW 99 Terrace Sunrise, FC 3335/	SAMÉ	
another business entity with an active Florida registration.)  The name and the Florida street address of the registered at  Michael Luco  Name  4101 NW 99	•	MIN SEP -8 SECRETARIE MALEMANSE
Florida street address (P.O. Box N	Terrace	四年 至 口
Suntise  City	<del></del>	IORIDA STATE STATE
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige Chapter  Registered Agent's Signature.	he appointment as registered agent and agre all statutes relating to the proper and comple ations of my position as registered agent as p 605, F.S.	e to act in this ete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Michael Lucas	
	Sunrise, FL 3335	
AMBR	Melissa Lucas	
	Sunrise, FC 3335/	
(Use attachment if necessary)		
effective date is listed, the date must be s	te of filing: <u>September 5, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 day	ys aftei
effective date is listed, the date must be s te of filing.)	te of filing: <u>September 5, 2014</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 day	ys aftei
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.)  CLE VI: Other provisions, if any.	te of filing: <u>September 5, 2014</u> (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 day	ys after  
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