

L 15000089062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

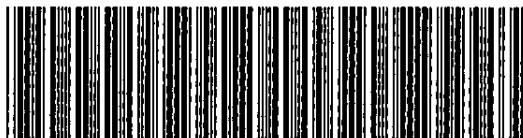
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WK5-29517 NOT Avail

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04/08/15--01005--010 **160.00

SECRETARY OF STATE
CALIFORNIA SECRET OF STATE

2015 APR -8 PM 2:42

FILED

K. SALY
EXAMINER
MAY 20 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2015

EMAD YACoub
442 BRENTWOOD CLUB COVE
LONGWOOD, FL 32750

SUBJECT: J & J LLC.
Ref. Number: W15000029517

We have received your document for J & J 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P92000013742 "J & J, INC.".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00008560

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & J LLC

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:

EMAD YACOB

Name of Person

J & J LLC

Firm/Company

442 BRENTWOOD CLUB COVE

Address

LONGWOOD, FL, 32750

City/State and Zip Code

JJLLC15@YAHOO.COM

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

For further information concerning this matter, please call:

EMAD YACOB

Name of Person

at (407) 491-0797

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joy & John 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:

Mailing Address:

442 BRENTWOOD CLUB COVE
LONGWOOD
FL 32750

442 BRENTWOOD CLUB COVE
LONGWOOD
FL 32750

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:

EMAD YACOB

Name

442 BRENTWOOD CLUB COVE

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

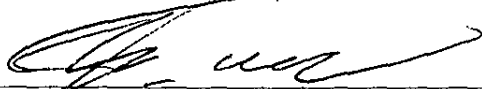
LONGWOOD

City

FL 32750

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company.

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

EMAD YACOB
442 BRENTWOOD CLUB COVE
LONGWOOD, FL, 32750

NERMEEN SALEH
442 BRENTWOOD CLUB COVE
LONGWOOD, FL 32750

AMBR

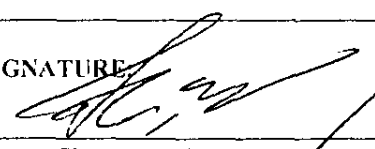
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/05/2015 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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 § 817.155, F.S.)

Emad Yacoub / Nermeen Saleh

Typed or printed name of signee

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)