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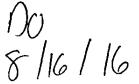
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SECRETARY OF STAIL



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Enjay Enterprises, LLC Single member
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:
Joseph Fischer
Name of Person
Enjay Enterprises
Firm/Company
4899 NW 4th Avenue
Address
Boca Raton, FL 33431
City/State and Zip Code
joefischer88@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joe 561 302-7699 at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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 Liabil	ity Company is:			
Enjay Enjay Enterprises, L (Must end	LC Sde Sive	The Member of Liability Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited L	iability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
4899 NW 4th Aven	ue	4899 1	JW 4th Avenue	
Boca Raton, FL 334	-31	Boca I	Raton, FL 33431	
	Joseph Fischer	Name		
	4899 NW 4th Avenu			
	Florida street addres	s (P.O. Box NOT acc	eptable)	
	Boca Raton	Florida	33431	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the app provisions of all statutes re bligations of my position	ointment as registered clating to the proper a	bove stated limited liability company at tagent and agree to act in this capacity. Indicomplete performance of my duties, a provided for in Chapter 605, F.S	I

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized M "MGR" = Manager MGR	ember	Joseph Fischer 4899 NW 4th Ave
		Boca Raton, FL 33431
		
ffective date is listed, the da e of filing.)	er than the date of filing ate must be specific an	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the	er than the date of filing ate must be specific an ock does not meet the e Department of State	and cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will no
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LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a Sign This document are determined in the second of the sec	er than the date of filing ate must be specific and ock does not meet the e Department of State any. RE: Lature of a member of member of mem is executed in accept that any false informs a third degree felony eph Fischer	applicable statutory filing requirements, this date will no 's records. 8 14/16 r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.