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(Requestor's Name)
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(Busiliess Enuty Name)
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SECRETARY OF STATE
CALLAHASSEE FLORIDA

12-7

COVER LETTER

	Division of Corporations			
SUBJEC	FJAM LIMITED, LLC.			
SUBJEC		of Limited Liabil	ity Company	.
The enclo	osed Articles of Organization and fee	(s) are submitted	for filing.	
Please ret	turn all correspondence concerning th	nis matter to the	following:	
	FRANCO SCALA			
		Name of	`Person	
	F&J DEVELOPERS			
		Firm/Co	ompany	
	6965 PIAZZA GRANDE AVE, S	TE 204		
		Addı	ress	<u> </u>
	ORLANDO, FL 32835			
	DEBBIE@FANDJDEVELOPERS	City/State an	d Zip Code	
	E-mail address: (to be	used for future a	innual report notificati	on)
For further	information concerning this matter,	please call:		
	FRANCO SCALA	407 at (593-5148	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Statu	ıs —Certifi	00 Filing Fee & Ed Copy al 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
FJAM LIMITED, LL	c		
(Must end v	vith the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Lin	nited Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
6965 PIAZZA GRAN ORLANDO, FL 3283			6965 PIAZZA GRANDE AVE, STE 204 ORLANDO, FL 32835
another business entity with an a	cannot serve as its own ctive Florida registration	Registered Ag 1.)	Agent's Signature: ent. You must designate an individual or
The name and the Florida street a	ddress of the registered	agent are:	
	F&J DEVELOPERS,	LLC.	
		Name	
	6965 PIAZZA GRAN	IDE AVE, ST	E 204
	Florida street address	(P.O. Box N (OT acceptable)
	ORLANDO, FL 3283	5	
	City	State	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..

Zip

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

AMBR" = Authorized Member MGR" = Manager	Name and Address:
MCIK" = Manager	
MGR	FRANCO SCALA
WCIK	6965 PIAZZA GRANDE AVE, STE 204
	ORLANDO, FL 32835
	ORDANDO, 1 E 32033
MGR	JAMES HEISTAND
	6965 PIAZZA GRANDE AVE, STE 204
	ORLANDO, FL 32835
······	
	
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ARTICLE IV-

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