# L20000316843

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



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# · CAPITAL CONNECTION, INC.

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NDJO Investments	LLC			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
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				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
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				Corp Record Search
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## COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE	CT:	PNDJO II	NVEST	MENTS LLC	
SOBJE	CI	Name of Limi	ted Liabil	ity Company	
		Organization and fee(s) are			
Please t	eturn all correspo	ondence concerning this mat	ter to the t	ollowing:	
	Jason Gla	aser			
			Name of	Person	
	JGL RE H	OLDINGS LLC			
			Firm/Co	mpany	
	20900 NE	30th Ave, Suite 307			
			Addı	ess	
	Aventura	, FL 33180			
	lanan@to		ty/State an	d Zip Code	
		iicapital.com 3-mail address: (to be used f	or future a	innual report notification	on)
Dan Garak		•		•	•
ror surin	er information co	ncerning this matter, please	Cair.		
	Jason Gla	iser at (	786	, 282-9841	
	Nair	c of Person Are	ea Code	Daytime Telephone	e Number
Englose	nd is a check for t	he following amount:			
		\$130.00 Filing Fee &	(Tiens	5 00 Eiling Fam Pe	□\$160.00 Filing Fee,
LJ\$12:	5.00 Filing Fee	Certificate of Status	Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>M</u> ailir	ng Address		Street Address	
	New F	iling Section		New Filing Section Di The Centre of Tallaha	
		on of Corporations lox 6327		2415 N. Monroe Stree	
		assee, FL 32314		Tallahassec, FL 3230	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2820 OCT 15 AM 9: 57

SECRETARY OF STATI

ARTICLE I - Name: The name of the Limited Liability Company is:

## PNDJO INVESTMENTS LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street ad	ddress of the principal o	ffice of the Lis	nited Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
20900 NE 30th Ave. Su	te 307, Aventura FL	<del></del>	20900 NE 30th Ave. Suite 307, Aventura FL
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ective Plorida registration	Registered Agon.)	Agent's Signature: gent. You must designate an individual or
	JGL RE HOLDINGS LL	c	
	<del>-</del>	Name	<del></del>
	20900 NE 30th Ave,	Suite 307	
	Florida street addres	s (P.O. Box N	OT acceptable)
	Aventura, FL 3318	0	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

"AMBR" $=$ Authorized in	
UA (475 U A (	1ember
"MGR" = Manager	
MGR	JGL RE HOLDINGS LLC
	20900 NE 30th Ave. Suite 307, Aventura Ft.
	(A) (C)
MGR	JES Interests Inc
	1209 Citrus Isle, Ft. Lauderdale, FL 33315
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(Use attachment if neces	ary)
ARTICLE V: Effective date, if of If an effective date is listed, the che date of filing.)  Note: If the date inserted in this	er than the date of filing:
ARTICLE V: Effective date, if of If an effective date is listed, the che date of filing.)  Note: If the date inserted in this	er than the date of filing:

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)