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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

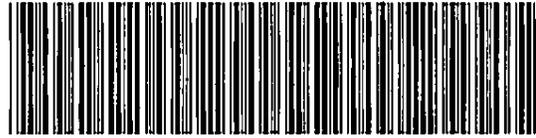
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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JT GROUP, INC.
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:

Jacqui Henry
Name of Person
JT GROUP, INC.
Firm/Company
7978 NW 20 Street
Address
Pembroke Pines, FL 33024
City/State and Zip Code
jhenry@weareelegant
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqui Henry 954 774-4704
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name

The name of the Limited Liability Company is:

JT GROUP, LLC

ARTICLE II- Address

The mailing address and street address of the Limited Liability Company is:

7978 NW 20 Street, Pembroke Pines, FL 33024

ARTICLE III- Registered Agent, Registered Office
& Registered Agent Signature

The name and the Florida street address of the Registered Agent are:

Jacqui Henry
7978 NW 20th Street, Pembroke Pines, FL 33024

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 provision 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, FS


Registered Agent's Signature

CRS E. AMU/ OR VIEWED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLE IV- Management

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

Title

AMBR= Authorized Member

Name and Address

Jacqui Henry
7978 NW 20th Street
Pembroke Pines, FL 33024

AMBR=Authorized Member

Troy Scott
7978 NW 20th Street
Pembroke Pines, FL 33024

ARTICLE V - Effective Date

The effective date of this Limited Liability Company :

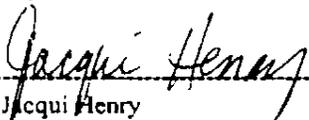
ARTICLE VI- Nature of business

The Limited Liability Company will engage in any lawful activity or business permitted under the laws of the state of Florida.

ARTICLE VII- Term of Existence

The Limited Liability Company shall have perpetual existence.

REQUIRED SIGNATURE:



Jacqui Henry