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N. Cuffigan AUG 10 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMO LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing:

Please return all correspondence concerning the matter to the following:

CHARMAINE C. POWELL  
(Name of Person)

LAW OFFICE OF CHARMAINE C. POWELL  
(Firm/Company)

20401 NW 2<sup>ND</sup> AVENUE, SUITE 209  
(Address)

MIAMI, FLORIDA 33169  
(City/State and Zip Code)

For further information concerning the matter, please call:

CHARMAINE C. POWELL at (305) 654-9420  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.0 Filing fee & Certified Copy additional copy is enclosed       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS**  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The Name of the Limited Liability Company is:

**JMO LLC**

**ARTICLE II – Address:**

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

**Principal Office Address**

**2630 Nassau Drive,  
Miramar, Florida 33023**

**Mailing Address**

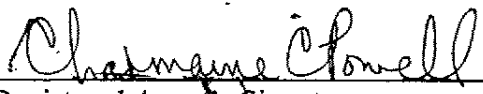
**2630 Nassau Drive,  
Miramar, Florida 33023**

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**CHARMAINE C. POWELL, ESQ.  
20401 NW 2<sup>ND</sup> AVENUE, SUITE 209  
MIAMI, FLORIDA 33169**

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 608, F.S..

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each manager or managing member is as follows:

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05 AUG - 8 PM 2: 15

<u>Title</u>	<u>Name and Address</u>
MANAGER	NICHOLA OFFICER 2630 Nassau Drive, Miramar, Florida 33023
MANAGER	MAVIS OFFICER 2630 Nassau Drive, Miramar, Florida 33023
MANAGER	DAHLIA OFFICER 2630 Nassau Drive, Miramar, Florida 33023

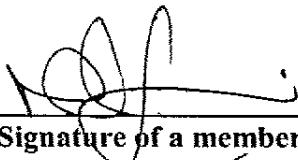
**ARTICLE V – Purpose:**

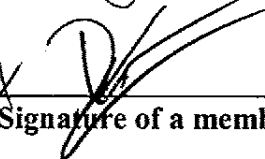
This Limited Liability Company is organized for the purpose of transacting any and all lawful business that a Limited Liability Company can do including but not limited to the Acquisition of real property and the sale of real property.

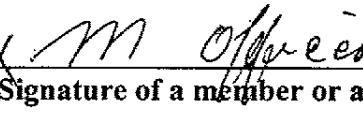
**ARTICLE VI – Duration and Beginning of Limited Liability Company’s Existence:**

This Limited Liability Company shall exist perpetually. The existence of this Limited Liability Company shall commence as of the filing of the Articles of Organization for this Florida Limited Liability Company.

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member:

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member

(In accordance with section 608-408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true:

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**NICHOLA OFFICER**

Type or printed name of signee

**MAVIS OFFICER**

Type or printed name of signee

**DAHLIA OFFICER**

Type or printed name of signee

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