

**W08000074479**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000187080 3)))



H080001870803ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

FILED  
08 AUG -4 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JOMARK ACCOUNTANT SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**M. THOMAS**

AUG - 5 2008

**EXAMINER**

RECEIVED

08 AUG -4 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H-08000187080.3

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

JOMARK ACCOUNTANT SERVICES LLC

**ARTICLE II ADDRESS**

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

1150 NW 124 AVENUE  
MIAMI, FLORIDA 33182

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

JOSE L ALMARALES  
1150 NW 124 AVENUE  
MIAMI, FLORIDA 33182

FILED  
08 AUG -4 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent 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.

X

JOSE L ALMARALES / Registered Agent's signature

H.08000187080.3

PAGE 2 JOMARK ACCOUNTANT SERVICES LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more member and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

JOSE L ALMARALES

1150 NW 124 AVENUE

MIAMI, FLORIDA 33182

MANAGING MEMBER

MARKELYNE ALMARALES

1150 NW 124 AVENUE

MIAMI, FLORIDA 33182

FILED  
08 AUG -4 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

X.

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.

JOSE L ALMARALES