

L170850 202523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

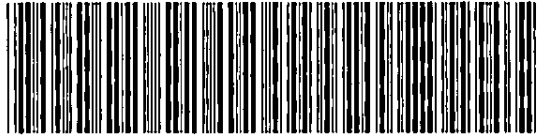
Certified Copies _____ Certificates of Status _____

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COLUMBIA, SC

10/02/17--01006--009 **125.00

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OCT 2 2017
COURT CLERK
COLUMBIA, SC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JM Sales & Consulting LLC
Name of Limited Liability Company

FILED
2011 OCT -2 11:11 AM
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

JOSHUA MILLER
Name of Person

JM SALES & CONSULTING LLC
Firm/Company

9160 FORUM CORPORATE PKWY, Ste. 350
Address

FORT MYERS, FL 33905
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA MILLER at (859) 361-8553
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
- \$155.00 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM Sales & Consulting LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9160 Forum Corporate Pkwy
Ste. 350
Fort Myers, FL 33905

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Middletown Middletown, P.A.
Name

1469 Market Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32312
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)

FILED
2017 OCT -2 8:11:40
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Haley Miller
8669 Oak Creek Dr
Lewis Center, OH 43035

Riley Simon
63 N Otterbein Ave, Apt. C
Westerville, OH 43081

(Use attachment if necessary)

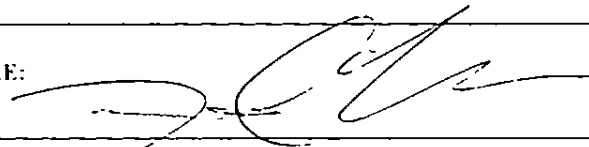
ARTICLE V: Effective date, if other than the date of filing: 10/02/17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joshua Miller

Typed or printed name of signee

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)

FILED
 2017 OCT -2 11:40
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Joshua Miller
9160 Forum Corporate Pkwy, Ste. 350
Fort Myers, FL 33905

AMBR

Emily Howe
3708 Red River Rd
Lexington, KY

AMBR

Kenneth Miller
8669 Oak Creek Dr
Lewis Center, OH 43035

AMBR

April Miller
8669 Oak Creek Dr
Lewis Center, OH 43035

(Use attachment if necessary)

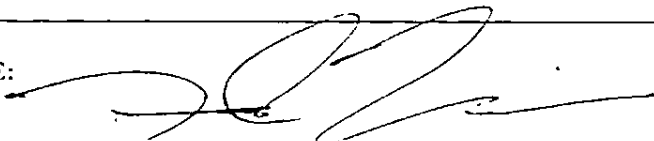
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STATE OF FLORIDA
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