

L21000179070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

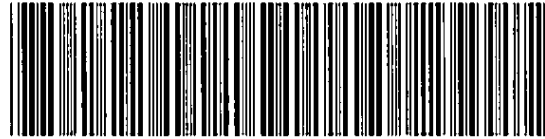
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000054928

Office Use Only



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04/22/21--01001--001 **155.00

RECEIVED
2021 APR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

2021 APR 23 PM 2:34
TALLAHASSEE, FL 32399

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. JM Restoration LLC
Name Document Number (if known)

☒ Walk in ☐ Will wait

☒ Certified Copy Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ INC
☐ OTHER - Corp

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority

☐ APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Limited Partnership
☐ Reinstatement

☐ Trademark

☐ Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEM

JEM Restorations 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:

4591 Acacia Ln West Palm Beach FL 33415

Mailing Address:

4591 Acacia Ln West Palm Beach FL 33415

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:

Jennifer Elaine Mendoza

Name

4591 Acacia Ln

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

West Palm Beach FL 33415

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)

2021 APR 23 PM 2

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Jennifer Elaine Mendoza

4591 Acacia Ln, West Palm Beach FL 33415

(Use attachment if necessary)

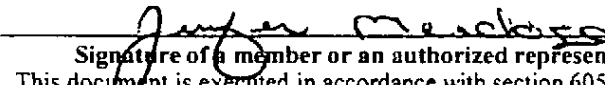
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Jennifer Elaine Mendoza

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)

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