

LO20000009375

Broad and Cassel

Requester's Name

215 S. Monroe, Suite 400

Address

TLH, FL 32301 681-6810

City/State/Zip

Phone #

Call when ready
Patty Turnage

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

Name
Availability

Document
Examiner

OTHER FILINGS

☐ DCC
☐ Annual Report

Updater ☐ Fictitious Name

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier 2E031(7/9) DCC

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

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-04/19/02--01046--007
****260.00 ****160.00

Examiner's Initials

LO20000009375

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JML, LLC

ARTICLE II - Address:

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

235 Ocala Road South, Tallahassee, FL 32304

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

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

Joseph P. Jones, Esq.
Name

Broad and Cassel, 215 S. Monroe St.,
Florida street address (P.O. Box NOT acceptable)

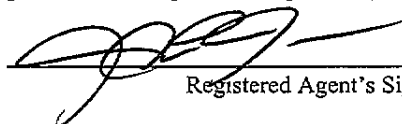
Tallahassee FL 32301
City, State, and Zip

02 APR 19 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

400

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 - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

STEVEN M. LEONI
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)