

LO2000020826

John Massad  
319 Layne Blvd  
Hialeahdale FL 33009

City/State/Zip

Phone #

100007103911--8  
-08/14/02--01022--004  
\*\*\*125.00 \*\*\*125.00

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 #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 AUG 14 AM 11:07

FILED

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

Suffix

OTHER FILINGS

Name	Availability	
Document Examiner		DCC
Updater	<input type="checkbox"/> Annual Report	DCC
Updater	<input type="checkbox"/> Fictitious Name	DCC
Verifier		DCC
Acknowledgement		DCC
W. P. Verifier		DCC

CR2E031(7/97)

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

John Massad GAVE  
AUTHORIZATION BY PHONE TO  
add Suffix  
~~CORRECT~~  
DATE 8/15/02

DOC. EXAM. dee  
Examiner's Initials

LO2000020826

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J.M NATIONAL LLC

**ARTICLE II - Address:**

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

319 LAYNE BLVD  
HALLANDALE, FL 33009

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

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

JOHN MASSAD  
Name

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

HALLANDALE FL 33009  
City, State, and 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 608, F.S.*

[Signature]  
Registered Agent's Signature

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**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]  
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.)

John Massad  
Typed or printed name of signee

Please e-mail: Jany36@hotmail.com  
or call (954) 62-5304  
for any problems.  
Thank You.

**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)