

L03000035243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

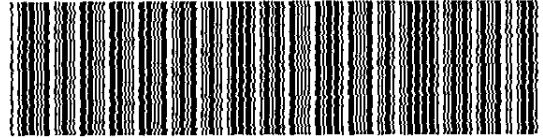
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 17 PM 1:26

STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 SEP 17 AM 11:16

STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

CT CORPORATION

September 17, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
03 SEP 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5931542 SO
Customer Reference 1: 03-1023
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

JEM Partners, L.L.C. (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I- Name:**

The name of the Limited Liability Company is: JEM Partners, L.L.C.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2252 Las Casitas Drive, Wellington, Florida 33414

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

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

John C. Saunders

Name

2252 Las Casitas Drive

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

Wellington, Florida 33414

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.

By: *John C. Saunders*

Registered Agents Signature

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

John C. Saunders
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 C. Saunders

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)