

L03000047826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03 NOV 25 AM 11:03  
DIVISION OF CORPORATION

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03 NOV 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

Charter Number Only

November 24, 2003

Dunkley & Associates

Requestor's Name

14100 Palmetto Fountains Rd. #201

Address

Miami Lakes, FL 33016

City

State

Zip

Phone

305 821 6232 A.

VALIDATION ONLY

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03 NOV 25 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Jami, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

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Empire Toll Free: 1-800-432-3028

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

03 NOV 25 PM 3:51  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jami, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

180 MADEIRA AVE.  
CORAL GABLES, FL. 33016

**Mailing Address:**

180 MADEIRA AVE.  
CORAL GABLES, FL. 33016

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

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

LINDAY DUNKLEY  
Name

180 MADEIRA AVE.

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

CORAL GABLES FLORIDA 33016  
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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Edgardo Jaramillo  
180 MADRID AVE.  
Coral Gables, FL. 33016

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Edgardo Jaramillo  
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.)

Edgardo Jaramillo  
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)