

L03000050125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

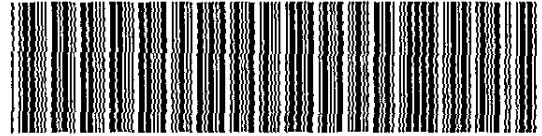
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400024997924

11/25/03--01055--017 **155.00

03 NOV 25 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

L03-50125

QJ

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJAM, L. L. C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN E. MARTINEZ
(Name of Person)

RJAM, L.L.C.
(Firm/Company)

P O BOX 540423
(Address)

MERRITT ISLAND, FL 32954-0423
(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH A. MARTINEZ at (321) 452-1947
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 25 PM 4:36

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RJAM, L. L. C.

ARTICLE II - Address:

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

Principal Office Address:

85 N LEE COURT

MERRITT ISLAND, FL 32952

Mailing Address:

P O BOX 540423

MERRITT ISLAND, FL 32954-0423

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

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

JEAN E. MARTINEZ

Name

85 N LEE COURT

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

MERRITT ISLAND

FLORIDA 32952

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 25 PM 4:35

FILED

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

JEAN E. MARTINEZ

85 N LEE COURT

MERRITT ISLAND, FL 32952

MGRM

RALPH MARTINEZ

85 N LEE COURT

MERRITT ISLAND, FL 32952

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 MGRM
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.)

RALPH A. MARTINEZ
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 25 PM 4:36

FILED