

64000016925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

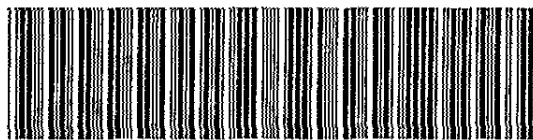
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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64-16925  
AL

Terrance A. Madura  
8447 Gleneagle Way  
Naples Florida 34120-1673  
(239) 304-7500

February 16, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Articles Of Organization for J.A.M.A., L.L.C.

Enclosed are the Articles of Organization for a Florida Limited Liability Company along with my check in the amount of \$160.00 for filing fees.

Sincerely,



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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J.A.M.A.L.L.C.

**ARTICLE II - Address:**

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

8447 Gleneagle way Naples, FL 34120-1673

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

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

Terrance A. Madura

Name

8447 Gleneagle way

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

Naples, FL 34120-1673

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.

Terrance A. Madura

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)

Audra Madura-Clark

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.)

Audra Madura-Clark

Typed or printed name of signer

**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)

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DEC 23 PM 2:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA