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Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

jmacks, Ilc

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Page Count	03
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Acknowing Filing Menu

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Corporate Filing

P.01/03

W. P. Verifyer





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Jmacks, LLC				_
ARTICLE I I - Address: The mailing address and street address of the princ	cipal office of the Limited Liab	ility Con	npany i	ís:
Principal Office Address:	Mailing Address:			
8900 SW 107th Avenue	8900 SW 107th Avenue			
SUITE 314	SUITE 311		الميد معيدا <u>الميدا</u>	5
Miami, Florida 33173	Miumi, Florida 33173			
		17.1)>	\$. 4 a
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S The name and the Florida street address of the registered agent are:		ignature	-	
Lawrence J. Nav	атто			
Name				
16105 N.E. 18th A				
Florida street address (P.O. D	lox NOT acceptable)			
Minmi, Florida 33	162			
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

Pagel of I (CONTINUED)

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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:
MGRM	Lou Rodriguez 8900 SW 107th Avenue, SUITE 311 Miami, Florida 33173
MGR	Alisha Danielle Bateman 8900 SW 107th Avenue, St#311 Miami, Florida 33173
(Use attachment if necessary)	

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

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 603.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of po-vry that the facts stated herein are true.)

Lou Rodriguez Typed or printed name of signee

Filine Fees.

\$100.00 Filing Fee for Articles of Organization S 25.00 Designation of Registered Agent \$ 30,00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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