## L040000 38315

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (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: |
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DIVISION OF CORPORATIONS

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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                                      |
|--|
| SUBJECT: JMH Property Holdings, LLC (Name of Limited Liability Gompany)                |
| The enclosed Articles of Organization and fee(s) are submitted for filing.             |
| Please return all correspondence concerning this matter to the following:              |
| Deron Vates  |
| (Name of Person)   |
|  |
| (Firm/Company)   |
| 3052 SE DARIEN RD.   |
| (Address)  |
| PORT SAINT LUCIE, FL 34952<br>(City/State and Zip Code)                                |
| For further information concerning this matter, please call:                           |
| Deron Yates at (954) 937-6626  (Name of Person) (Area Code & Daytime Telephone Number) |
| (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |               |
|--|---------------|
| JMH Property Holdings, LLC   | ,             |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  |               |
| Principal Office Address:  Mailing Address:  |               |
| 3052 SE Danien Rd  |               |
| Port Saint Lucy, FL -SAME-   | ٠             |
| 34952  |               |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Debje Percz  Name  1103 SE McFarlane Ave  Florida street address (P.O. Box NOT acceptable)   |               |
| Pert Scint Lucie FLORIDA 34952<br>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 property 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 | TATE OF STALE |
| <u></u>  | į             |

Page 1 of 2 (CONTINUED)

## Title: "MGR" = Manager "MGRM" = Managing Member MGR Deron Yares Total St. Lucie, Fl. 34952 MGRM MGRM MGRM MGRM MGRM MGRM Deron Yares MGRA Part St. Lucie, Fl. 34952 MGRM MGRM MGRM MGRM MGRM MGRM Debbie Perez To 3 SE Un Farlane Ave Fort St. Lucie, Fl. 34952 MGRM MG

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

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

Typed or printed name of signee

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)