

Division of Corporations Public Access System

2004 AUG 23 A 10: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001711013)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name Account Number: 070744001530

: ACE INDUSTRIES, INC.

Phone

: (305)358-2571

JIVISION OF CURPORATION

Fax Number

: (305)373-7718

## LIMITED LIABILITY COMPANY

## JESSMON LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

H04-171101

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2004 AUG 23 A 10: 30

ARTICLE I - Name of Limited Liability Company: <u>JESSMON LLC</u>

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 5515 SW 89 CT

City, State & Zip: MIAMI, FL 33165

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

## MARIA C. DE HOMBRE Name

5515 S.W. 89 CT Address (P.O. Box NOT Acceptable)

> MIAMI, FL 33165 City, State, 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.

marielo DeHoule	_
Bankstown Amenile Circumstant	

Registered Agent's Signature

Date 06/30/2004

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. Specify name & address(es).

2.

З.

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 penjury that the facts stated herein are true.

MARIA C. DE HOMBRE
Tyred or printed name of signee

H04-17:101 Prepared By: Ace Industries 54 NW 11th Street Miami, FL 33136 Phone: (305) 358-2571