

W4000090214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

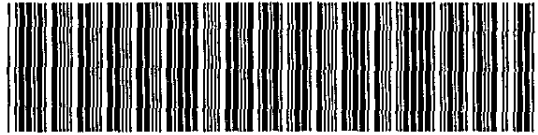
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MJH

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04 DEC '6 PM 4:45
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & M Holdings, LLC
(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:

Mario Mazza

(Name of Person)

J & M Holdings, LLC

(Firm/Company)

8895 N.Military Trail Suite 102-B

(Address)

Palm Beach Gardens, Fl. 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Mario Mazza

(Name of Person)

at (561) 718-8165

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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:

J & M Holdings, LLC

ARTICLE II - Address:

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

Principal Office Address:

8895 N. Military Trail
Suite 102-B
Palm Beach Gardens, Fl. 33410

Mailing Address:

8895 N. Military Trail
Suite 102-B
Palm Beach Gardens, Fl. 33410

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

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

Mario Mazza

Name

452 Oriole Circle

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

Jupiter FL 33458

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..



Registered Agent's Signature

(CONTINUED)

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04 DEC '6 PM 4:45
STATE
TALLAHASSEE FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Julian Labbe

244 Broward Ave.
Greenacres, FL 33463

MGR

MGR

Mario Mazza

452 Oriole Circle
Jupiter, FL. 33458

REQUIRED SIGNATURE:

(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.)

Mario Mazza

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)