

L050.00008105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

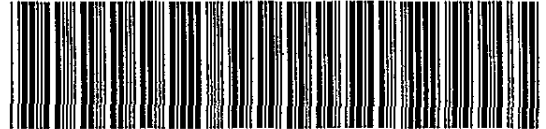
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600043744476

01/12/05--01032--010 **130.00

4201/26/05
FILED
2004 JAN 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JoMar Consulting L.L.C.
(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:

John J. Lockett
(Name of Person)

JoMar Consulting L.L.C.
(Firm Company)

14668 Tullamore loop
(Address)

Winter Garden FL 34787
(City State and Zip Code)

For further information concerning this matter, please call:

John J Lockett at (407) 448 6792
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

FILED
2004 JAN 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JoMar Consulting LLC.

ARTICLE II - Address:

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

Principal Office Address:

14668 Tullamore Loop
Winter Garden FL 34787

Mailing Address:

14668 Tullamore Loop
Winter Garden FL 34787

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

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

Marnie M. Lockett
Name

14668 Tullamore Loop
Florida street address (P.O. Box **NOT** acceptable)

Winter Garden FL 34787
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JAN 12 PM 12:43

FILED

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..

Marnie Lockett
Registered Agent's Signature

(CONTINUED)

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

John J Lockett
14668 Tulla more loop
winter Garden FL 34787

MGRM

Marnie M. Lockett
14668 Tulla more loop
winter Garden FL 34787

(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 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.)

John J Lockett
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JAN 12 PM 12:43

FILED