

LO5000072409

00189-02980-00671 - MGRM

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

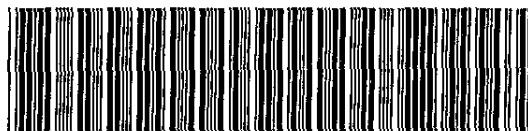
Certificates of Status _____

Special Instructions to Filing Officer:

7/22

FL LC

Office Use Only



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00189-02980-00671

07/08/05--01029--004 **130.00

LO5-33752



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2005

JOHN GODA
JJM CAPITAL INVESTMENTS, LLC
6311 ATRIUM DRIVE, SUITE 209
BRADENTON, FL 34202

SUBJECT: JJM CAPITAL INVESTMENTS, LLC
Ref. Number: W05000033752

We have received your document for JJM CAPITAL INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 005A00046511

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JJM Capital Investments, 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:

John Goda
(Name of Person)

JJM Capital Investments, LLC
(Firm/Company)

6311 Atrium Drive Suite 209
(Address)

Bradenton, FL 34902
(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Tempesta at (412) 318-8158
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J J M Capital Investment, 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:

JJM Capital Investments, LLC JJM Capital Investments, LLC
6311 Atrium Dr. Suite 209 6311 Atrium Dr. Suite 209
Bradenton, FL 34202 Bradenton, FL 34202

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

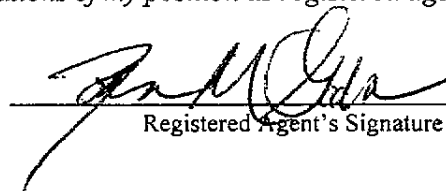
The name and the Florida street address of the registered agent are:

John Goda
Name

6311 Atrium Drive Suite 209
Florida street address (P.O. Box **NOT** acceptable)

Bradenton FL 34202
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)

05 JUL 22 PM 3:40

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

~~John Goda~~

~~John A. Falino~~

"MGRM"

Name and Address:

JOHN M. GODA

6311 Atrium Drive

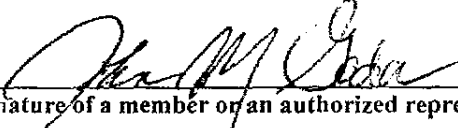
Suite 209

Bradenton, FL 34202

(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 Goda

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)