Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : RICHARD G. COKER, JR., F.A.

Account Number : I20010000145
Phone : (954)761-3636

Fax Number : (954)761-1818

LIMITED LIABILITY COMPANY

JAMOS Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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	COVER	R LETTER	
TO: Registration Sec Division of Corp			
SUBJECT: JAMOS	S Holdings, LLC (Name of Limite	d Liability Company)	<u> </u>
	Organization and fee(s) are so	-	
Please return all correspo	ndence concerning this matte	r to the following:	
Richard G	. Coker, Jr., Esq		7 S S
	()	Name of Person)	AR 0
Coker & F	eine r		ASS &
	(Firm/Company)	E E
1404 Sou	th Andrews Ave	enue	FLS 9
-		(Address)	AFF OB
Fort Laud	lerdale, FL 333	16-1840	D A
		/State and Zip Code)	
For further information of	oncerning this matter, please	call:	
Faye Johnston		₄₁ , 954 \ 761-363	16
	f Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for	the following amount:		
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTICLES OF ORGANIZATION FOR FLA	OKIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
JAMOS Holdings, LLC (Must and with the words "Limited Liability Company, "Limited	1 Company" on their obbranistics "IIC" on "IC"
(Must end with the words "Limited Disoulty Company, "Limited	Company of men applearation Div. of Co.,)
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10651 West Oakland Park Boulevard Sunrise, FL 33351	Same FARE 05 T
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the residual active Amos Museum Amos Museum	and Agent. You must designate an individual or snother
Jacquelyn Amos Murray Name	
10651 West Oakland Pa Florida street addr	ess (P.O. Box NOT acceptable)
Sunrise, FL	FL 33351
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registed.	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S The (REQUIRED)

(CONTINUED) Page 1 of 2

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<u>Title:</u> "MGR" = Manager "MGRM" ≃ Managing Member	Name and Address:
MGR	Jacquelyn Amoş Murray
	10651 West Oakland Park Boulevard
	Sundse, FL 33351
	
LEV: Effective date, if other than the	he date of filing: (OPTION
fective date is listed, the date must days after the date of filing.)	he date of filing: (OPTION the specific and cannot be more than five business dates
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business de
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a nicm	the specific and cannot be more than five business day Level American Decrease Liber of all authorized representative of a member assection 608.408(3). Florida Statutes, the execution
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a nicm	the specific and cannot be more than five business de de la company de l
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a nicm (In accordance with sof this document contract that the facts stated Jacquelyn Amos	the specific and cannot be more than five business de de la company de l
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a nicm (In accordance with sof this document contract that the facts stated Jacquelyn Amos	the specific and cannot be more than five business de de la company de l