

L05000107044

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY**JMA MARKETING GROUP LLC.**

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

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J. BRYAN NOV - 3 2005

**ARTICLES OF ORGANIZATION
FOR
LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I-Name:

The name of the Limited Liability Company is:

JMA MARKETING GROUP LLC.

ARTICLE II-Address:

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

Principal Office Address:

15936 SW 112th Place
Miami, Florida 33157

Mailing Address:

15936 SW 112th Place
Miami, Florida 33157

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

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

Josetta M. Archer
Name

15936 SW 112th Place
Florida street address (P.O. Box not acceptable)

Miami, Florida 33157
City, State, Zip Code

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, Florida Statutes..


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:

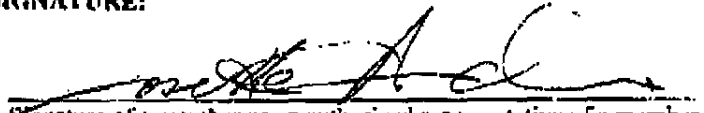
MGR _____

Josette M Archer
15936 SW 112th Place
Miami, Florida, 33157

(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.)

Josette M. Archer
Typed or printed name of signee

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