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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IJAM, 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:

Michael Campbell

(Name of Person)

Miller Canfield Paddock & Stone

(Firm/Company)

99 Monroe Avenue, Suite 1200

(Address)

Grand Rapids, Michigan 49503

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Campbell

(Name of Person)

at (616) 776-6304

(Area Code & Daytime Telephone Number)

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

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TALLAHASSEE, FLORIDA

06 FEB 20 AM 11:12

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

IJAM, 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:

9036 Windswept Drive

Same

Bonita Springs, Florida 34135

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

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

Thomas Monaghan

Name

9036 Windswept Drive

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

Bonita Springs

FLORIDA 34135

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, Florida Statutes..

By: _____

Registered Agent's Signature

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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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

Leslie Wong

9066 Windswept Drive

Bonita Springs, FL 34135

MGRM

Thomas M. Monaghan, Trustee of the Thomas

M. Monaghan Revocable Trust u/a/d 2/15/96

9036 Windswept Dr., Bonita Springs, FL 34135

(Use attachment if necessary)

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STATE
OF
FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Thomas M. Monaghan
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.)

Thomas M. Monaghan

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)