

L06000069126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

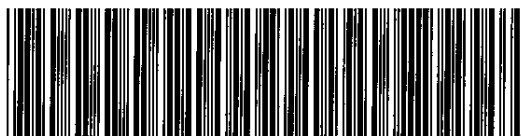
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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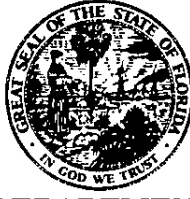
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OFFICE USE
7/9/06

FILED
06 JUN 16 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1006-27824

Sam



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2006

JASON D MALM
1006 SW 27TH AVE
BOYNTON BEACH, FL 33426

SUBJECT: JM IMPACT HURRICANE PROTECTION, LLC
Ref. Number: W06000027824

We have received your document for JM IMPACT HURRICANE PROTECTION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 106A00041248

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM IMPACT HURRICANE PROTECTION, 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:

JASON D. MALM

(Name of Person)

JM IMPACT HURRICANE PROTECTION, LLC

(Firm/Company)

1006 SW 27TH AVE

(Address)

BOYNTON BEACH, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON D MALM

(Name of Person)

at (561) 452-6073

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM IMPACT HURRICANE PROTECTION, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1006 SW 27TH AVE
BOYNTON BEACH, FL 33426

Mailing Address:

1006 SW 27TH AVE
BOYNTON BEACH, FL 33426

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CHRISTINE MALM

Name

1006 SW 27TH AVE

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

BOYNTON BEACH FL 33426

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.

Christine Malm

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

JASON D MALM

1006 SW 27TH AVE
BOYNTON BEACH, FL 33426

(Use attachment if necessary)

July 9, 2006

ARTICLE V: Effective date, if other than the date of filing: MA. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

JASON D MALM

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)