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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: J.M. Staffing (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:
Jouce Deleon (Name of Person)
J.M. Staffing "LLC" (Firm/Company)
9107 71st Ave. East
Palmetto FL 34221 (City/State and Zip Code)
(City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations  Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
J.M. Staffing "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:  9107 71 <sup>ST</sup> Ave East  9107 71 <sup>ST</sup> Ave East  Palmetto FL 34221  Palmetto FL 34221
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:    The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name address of the registered agent are:   The name
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

(CONTINUED)
Page 1 of 2

8-18-00

ARTICLE IV- Manager(s) or M The name and address of each Man	anaging Member(s): nager or Managing Member is as follows:		
Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	<del></del>		
MGRM	Jason Caouette		
•	9107 71ST Ave EasT	<u> </u>	
11 C O n 1	- Palmetto FL 34221	<del></del>	
MGKM	Jouce Deleon	_	
	9107 71ST AVE EasT Palmetto FL 34221	_	
	Tallie 10 FL JARA	_	
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(Use attachment if necessary)			
•	00/10/		
CLE V: Effective date, if other than to	the date of filing: $O8/18/06$ . (OPT)	IONAL)	
effective date is fisted, the date mus 90 days after the date of filing.)	t be specific and cannot be more than five busines	is days p	) ]
•			
REQUIRED SIGNATURE:			
		20	
Signature of a men	nber or an authorized representative of a member.	2006 AUG	
(In secondance with	section 608.408(3), Florida Statutes, the execution	8	
of this document co	enstitutes an affirmation under the penalties of perjury ed herein are true.)	2	
	Jason Caque He	2	
	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)