

Mar 26 2007 5:41 PM

A 1 A CORPORATE SERVICES

1961 558855

P. 1

Division of Corporations

http://efile.sunbiz.org/scripts/efilcovr.exe

L07000032607

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000078690 3)))



H070000786903ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

FILED STATE  
SECRETARY OF CORPORATIONS  
07 MAR 27 AM 10:06

RECEIVED

07 MAR 27 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JMP Services & Associates LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H07000078690 3

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

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

JMP SERVICES & ASSOCIATES LLC.

**ARTICLE II: Address**

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

411 CHAPEL DRIVE APT#313  
TALLAHASSEE FLORIDA 32304

The mailing address is:

PO BOX 21377  
TALLAHASSEE FLORIDA 32316-1377

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 27 AM 10:06

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

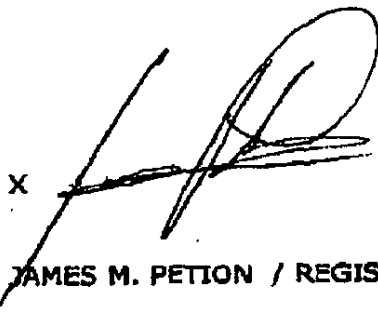
The name and the Florida street address of the registered agent are:

JAMES M. PETION

158 SE 26<sup>TH</sup> ST

CAPE CORAL FLORIDA 33904

Having been named as registered agent 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.

X 

JAMES M. PETION / REGISTERED AGENT'S SIGNATURE

H07000078690 3

H07000078690 3

PAGE 2**JMP SERVICES & ASSOCIATES LLC.****ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V: MEMBERS (optional)****MANAGING MEMBER:**

JAMES M. PETION

PO BOX 21377

TALLAHASSEE FLORIDA 32316-1377

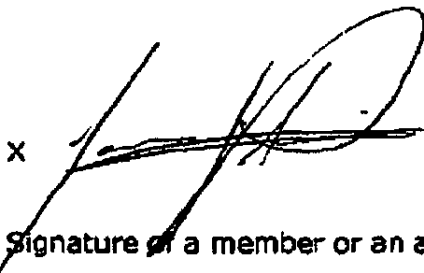
**MANAGING MEMBER:**

NADEGE MAXI

PO BOX 21377

TALLAHASSEE FLORIDA 32316-1377

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 27 AM 10:06

X 

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.)

JAMES M. PETION

H07000078690 3