

# 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.

(((H07000140410 3)))



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)203-0383

Account Name

: EXPRESS CORPORATE FILING SERVICE INC

Account Number: I20000000146 Phone

; (305)444-4994

Fax Number

ORIDA/FOREIGN LIMITED LIABI

JMO ENTERPRISES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

05/23/2007

**ECL2** 

EO: 4 4005 ES 88M

## (((H07000140410)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

ust end with the won	is "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")		
RTICLE II - A				
le mailing addre	ess and street address of the p	rincipal office of the Limited Liability Con		
rincipal Office Address: 5981 SW 143RD LANE		Mailing Address:		
		15981 SW 143RD LANE		
AMI FL 33196		MIAMI FL 33196		
Limited Liability ( siness entity with an	Registered Agent, Registered Company cannot serve as its own Registative Florida registration.)  Florida street address of the	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another		
is Limited Liability ( isiness entity with an	Company cannot serve as its own Regis active Florida registration.)  Florida street address of the	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:		
as Limited Liability ( usiness entity with an	company cannot serve as its own Regis active Florida registration.)	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:		
as Limited Liability ( usiness entity with an	Company cannot serve as its own Registration.)  Florida street address of the MICHAEL A. (  Name	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:		
ns Limited Liability ( usiness entity with an	Company cannot serve as its own Registration.)  Florida street address of the MICHAEL A. (  Name  15981 SW 14	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:  ORTEGA		
he Limited Liability ( usiness entity with an	Company cannot serve as its own Registration.)  Florida street address of the MICHAEL A. (  Name  15981 SW 14  Florida street address at the serve as its own Registration.)	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:  ORTEGA  SIGNO LANE  dress (P.O. Box NOT acceptable)		
ns Limited Liability ( usiness entity with an	Company cannot serve as its own Registration.)  Florida street address of the MICHAEL A. (  Name  15981 SW 14	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:  ORTEGA  JARD LANE  dress (P.O. Box NOT acceptable)  FL 33196		

(CONTINUED)
Page 1 of 2

ECER



# (((H07000140410)))

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM <b>" =</b> Mar		Name and Address:		
MGRM	_	MICHAEL A. ORTEGA		
<del></del>	_	15981 SW 143RD LANE		_
· ,		MIAMI FL 33198		_
	<del>_</del>			<u> </u>
				_
				Lo In
			<del></del>	SE S
				123 123
			·	
(Use attachment	if necessary)		× *	7: 50
ARTICLE V: Effective If an effective date is lis to or 90 days after the d	ted, the date must be s	ate of filing: specific and cannot be more th		IONAL) ss days prior
	A Commence of the commence of		,	
REQUIRED SI	GNATURE:	· · · · · · · · · · · · · · · · · · ·		
				·
•	- Alak	John John	- • • -	
: '	Signature of i member	or an authorized representative of a	member.	· · · · · · · · · · · · · · · · · · ·
·	(In accordance with section of this document constitute that the facts stated her	on 608.408(3), Florida Statutes, the c tes in affirmation under the penalties ein are true.)	xecution s of perjury	
•		CHAEL A. ORTEGA	<u> </u>	
	Туре	d or printed name of signee		

Page 2 of 2