

LO70006716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

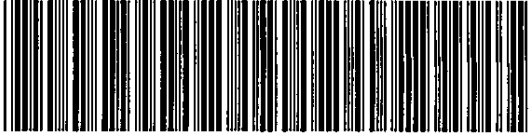
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: **W07-25041**

DB

Office Use Only

EFFECTIVE DATE **5-21-07**



500102325235

05/23/07--01036--009 **130.00

FILED
07 MAY 23 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Limited Liability Company)

①

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman Walker

(Name of Person)

Jamcom Automtive LLC

(Firm/Company)

2340 S State Rd 7

(Address)

Miramar FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

Norman Walker

(Name of Person)

at (**954**) **296-8520**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2007

NORMAN WALKER
2340 S STATE RD 7
MIRAMAR, FL 33023

SUBJECT: JAMCOM AUTOMOTIVE LLC
Ref. Number: W07000025041

07 MAY 23 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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We have received your document for JAMCOM AUTOMOTIVE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The attached form must be completed in order to file the document.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 107A00036235

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMCOM AUTOMOTIVE "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:

Mailing Address:

2340 SOUTH STATE RD 7
MIRAMAR
FL 33023
(33023)

9993 PERIWINKLE ST
MIRAMAR
FL 33025

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:

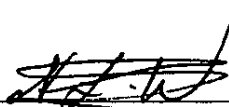
NORMAN L. WALKER
Name

9993 PERIWINKLE ST.
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR FL 33025
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.


Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 5-21-07

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:

Mgr

Norman Walker
9993 Perikinkle St
Miramar Fl 33025

Mgrm

Anthony Goldson
1450 NW 194 St
Miami Gardens Fl 33169

Mgrm

Carlos Marin
5933 Filmore St
Hollywood Fl 33020

Mgrm

Medrich Allen
785 NW 185 Drv
Miami Fl 33169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Norman Walker

Typed or printed name of signee

07 MAY 23 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

"MGR" = Manager
"MGRM" = Managing Member

Mgrm Guyton Wade
20200 NW 11 Ct
Miami Gardens Fl 33169

③

Mgrm Clifford Taylor
1023 NW 85 Terr
Plantation Fl 33322

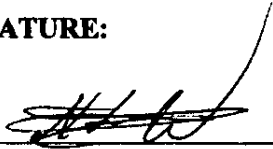
Mgrm Desmond Pickersgill
18010 NW 48 Ct
Miami Gardens Fl 33055

Mgrm ~~Jacob Henry~~ HENRY CATO
749 NW 44 ST
MIAMI FL 33127

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-21-07. (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.)

Norman Walker

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)

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TALLAHASSEE, FLORIDA

Mgrm

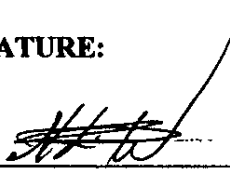
Andrew Archer
6960 SW 24th Ct
Miramar Fl 33023

(4)

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

NORMAN WALKER

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
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