

LO9000020306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

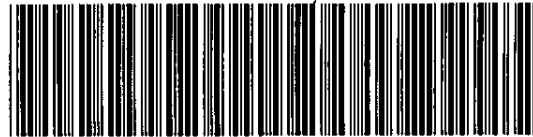
Special Instructions to Filing Officer:

A. LUNT

MAR - 2 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 27 PM 2:48

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02/27/09--01033--012 **125.00

COVER LETTER

**TO: Registration Section
Florida Division of Corporations**

SUBJECT: JM INVESTMENTS OF CENTRAL FLORIDA, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Martha L. Samer Porras

**3630 Weatherfield Drive
Kissimmee, Florida 34746**

**For further information concerning this matter, please call:
TREVOR DUIGNAN
321-368-5188**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing
Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is
enclosed) Certified Copy

MAILING ADDRESS-

**Registration Section ~~Registration Section~~
Division of Corporations ~~Division of Corporations~~
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 ~~2661 Executive Center Circle~~
Tallahassee, FL 32301**

COVER LETTER

**TO: Registration Section
Florida Division of Corporations**

SUBJECT: Samer Land Services, LLC.

**The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:**

Martha L. Samer Porras

**3630 Weatherfield Drive
Kissimmee, Florida 34746**

**For further information concerning this matter, please call:
TREVOR DUIGNAN
321-368-5188**

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enclosed) Certified Copy

MAILING ADDRESS-

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM INVESTMENTS OF CENTRAL FLORIDA, LLC

ARTICLE II - Address:

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

**3630 Weatherfield Drive
Kissimmee, Florida 34746**

**Principal Office Address: 3630 Weatherfield Drive, Kissimmee, Florida
34746**

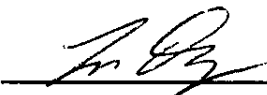
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

**TREVOR DUIGNAN
375 DOUGLAS AVE, STE 1007
ALTAMONTE SPRINGS, FLORIDA 32714**

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



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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member are as follows:

MGMR

**Jose Manuel Nunez De Lecca
3630 Weatherfield Drive
Kissimmee, Florida 34746**

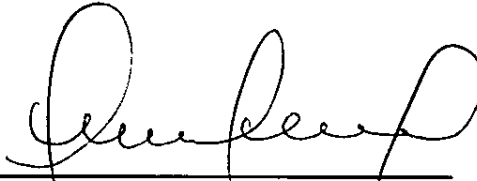
MGMR

**Martha L. Samer Porras
3630 Weatherfield Drive
Kissimmee, Florida 34746**

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date February 5th, 2009

REQUIRED SIGNATURE:

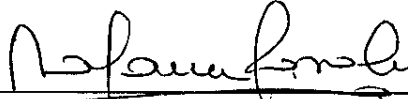


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MGMR

Jose Manuel Nunez De Lecca

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.)

MGMR

Martha L. Samer Porras

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)**