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(Requestor's Name)					
(Address)					
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Certified Copies Certificates of Status					
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EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:	JDM ENC (Name of Limited Li	GINEDRUG, LL ability Company)	<u>C</u>
The en	closed Articles	of Organization and fee(s) are subm	nitted for filing.	
Please	return all corres	spondence concerning this matter to	the following:	
		JEFFREY D	MOTTO, PE	
		JDM ENGI	NEPRWG, UC	09 IPI
		14350 METRO	DPOZIS AVE, S	UTEH 2 3
			16, FL 3391	2
		(Crty/Sta	te and Zip Code)	Pro
For fur	ther information	n concerning this matter, please call	:	\
	JEFFREY	O. MOTTO, PE at (239 405 -	1835
Enclos	sed is a check	for the following amount:	,	,
]\$ 125.	.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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
JOM ENGINEERUG LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
14350 METRUPOUS AVENUE SUITE#2 FORT MYERS, FL 33912 FORT MYERS, FL 33912
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:
JEFFREY D. MOTTO, PE Name 14350 METPOPOLIS AVENUE, SUITE #2 = Florida street address (P.O. Box NOT acceptable) FORT MYERS FL 33912
Name 14350 METPOPOLIS AVENUE, SUITE #2 = Florida street address (P.O. Box NOT acceptable)
FORT MYERS FL 33912 ST TO
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

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 of 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.)

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)