

L090000043371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
09 MAY -5 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Touch Of JEM, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Joan E. McNeil
(Name of Person)

A Touch Of JEM, LLC
(Firm/Company)

3617 Crown Point Road, Suite 5
(Address)

Jacksonville, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan E. McNeil at (904) 864-2508
(Name of Person) (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

FILED
09 MAY -5 AM 11:15
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2009

JOAN E. MCNEIL
3617 CROWN POINT ROAD, SUITE 5
JACKSONVILLE, FL 32257

SUBJECT: A TOUCH OF JEM, LLC
Ref. Number: W09000014686

FILED
09 MAY -5 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A TOUCH OF JEM, 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):

Please have your application signed by the Registered Agent in Article III, and by a member or authorized representative in Article V.

Also, please note that we have RETAINED your \$130.00 payment.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 309A00010529



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2009

JOAN E. MCNEIL
786 GINGER MILL DRIVE
ST. JOHNS, FL 32259

SUBJECT: A TOUCH OF JEM, LLC
Ref. Number: W09000014686

FILED
09 MAY -5 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A TOUCH OF JEM, 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):

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If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 309A00010529

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Touch Of JEM, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3617 Crown Point Road, Suite 5, Jax, FL 32257

Mailing Address:

3617 Crown Point Road, Suite 5, Jax, FL 32257

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:

Milaine Hatfield

Name

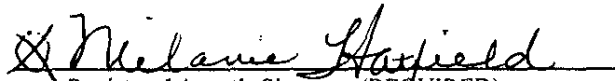
3617 Crown Point Road, Suite 5,

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

Jacksonville, FL 32257

City, State, and Zip

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

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TALLAHASSEE, FLORIDA

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:

Joan E. McNeil = "MGR"

786 Ginger Mill Dr

St. Johns, FL 32259

Tamara McNeil Bond = "MGRM"

20235 Red Buckeye Court

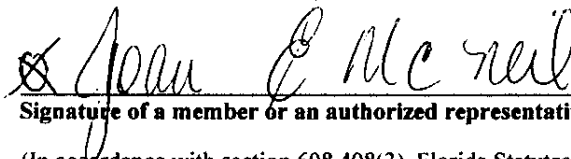
Germanatown, MD 20876

(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.)

Joan E. McNeil

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)