

L09000047445

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.

(((H09000121916 3)))



H090001219163ABC3

**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) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 14 AM 10:55

FILED

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

JOMA VENTURES LLC

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

A. LUNT

MAY 15 2009

EXAMINER

RECEIVED

09 MAY 14 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOMA VENTURES 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:**

9737 NW 41st ST STE 384  
DORAL, FL 33178

**Mailing Address:**

9737 NW 41st ST STE 384  
DORAL, FL 33178

**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:

CARLOS L GIL

Name

9737 NW 41st ST STE 384

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

DORAL, FL 33178

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)

2008 MAY 14 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

CARLOS L GIL

9737 NW 41st ST STE 384

DORAL FL 33178

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 14 AM 10:56

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/12/09 (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.)

CARLOS L GIL

Typed or printed name of signer

**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)

## Designation and Acceptance of Registered Agent

Pursuant to the provisions of Florida Statutes, the undersigned limited liability Company organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the limited liability company is **JOMA VENTURES LLC**.
2. The name of the registered agent is **CARLOS L GIL**  
The address of the registered agent/registered office is:  
9737 NW 41<sup>st</sup> ST STE 384  
Doral, FL 33178

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 14 AM 10:56

FILED

### Acceptance

Having been named as registered agent and designated to accept service of process for the above limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all 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.



By: **CARLOS L GIL**  
For the Company

Date :