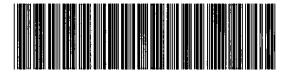
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(Requestor's Name)				
(Address)				
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		•		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates of	Status		
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Special Instructions to Filing Officer:				
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O9 MAY 19 PH 1: 11
SECRETARY OF STATE

J. BRYAN

MAY 2:0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJI	_{rcm.} J & M United	LLC	_		
30100		(Name of Limited Liab	ility Company)		
The en	closed Articles of Organiza	ation and fee(s) are submitt	ed for filing.		
Plcase	return all correspondence c	oncerning this matter to th	e following:		
	Greg Monterro	osa	·		
		(Name o	of Person)		
	MyLLC.com, Inc). 			
		(Firm/C	Company)	1 -	
5716 Corsa Ave. • Suite 110					
		(Ad	dress)		
Westlake Village, CA 91362-7354					
		(City/State a	and Zip Code)	ARY OF SEE. F.	
For fu	rther information concernin	g this matter, please call:		I: 11	
Gre	eg Monterrosa	at (888 , 886-95	52	
	(Name of Person))	(Area Code & Daytime Tel	ephone Number)	
Enclo	sed is a check for the foll	lowing amount:			
□ \$125	6.00 Filing Fee S130. Certif	ficate of Status C	55.00 Filing Fee & Ertifled Copy Iditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. B	ng Address ration Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center (Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	~ · · · · · · · · · · · · · · · · · · ·
The name of the Limited Liability Company is:	- Par 3
J & M United LLC	\$ 50 O
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Tros.
	rincipal office of the Limited Liability Company is:
	Dr.
Principal Office Address:	Mailing Address:
2160 NE 207th St	2160 NE 207th St
Miami, FL 33179	Miaml, FL 33179
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
InCorp Services, Inc.	
Name	1
17888 67th Court North	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Loxahatchee	_{FL} 33470
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and

eistered agent and agree to act in this capacity. I further agree to comply with the provisions of tatutes relating to the proper and complete performance of my duties, and I am familiar with an 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

Filing Fees:

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

Mark Rothchild

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee