

LO9000060768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

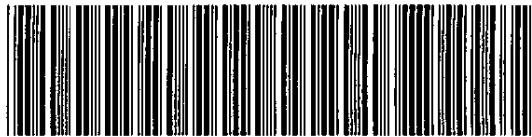
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 23 2009
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TALLAHASSEE, FLORIDA

ANNÉ DESORMIER-CARTWRIGHT PA
Attorneys and Counselors at Law
480 Maplewood Drive Suite 3 Jupiter, FL 33458
www.adclaw.net

Telephone No. 561-694-7827

Facsimile No. 561-745-6460

Satellite Offices: 423 Delaware Avenue

Fort Pierce, FL 34950

June 18, 2009

Please respond to Jupiter Office

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

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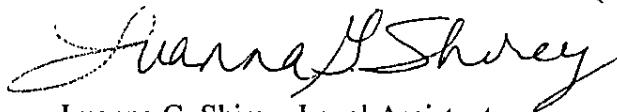
Re: **JPM Florida Holdings, LLC**
Our File No.: 1451.700

Dear Sir or Madam:

In connection with the above-referenced matter, enclosed please find a Cover Letter and the Articles of Organization for Florida Limited Liability Company together with my Firm's check in the amount of \$130.00. Please return a letter of acknowledgment and the Certificate of Status in the self-addressed, stamped envelope enclosed herein for your convenience.

Should have any questions, please do not hesitate to contact us toll free at 888-933-9992.

Very truly yours,



Luanna G. Shirey, Legal Assistant

/lgs
Enclosures

cc: James Warren (w/enclosures)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JPM FLORIDA HOLDINGS, 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:

c/o JAMES WARREN

Name of Person

JPM HOLDINGS, LLC

Firm/Company

22100 ZION ROAD

Address

BROOKVILLE, MD 20833

City/State and Zip Code

Jim.Warren@ghill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WARREN

Name of Person

at (301)

774-5676

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JPM FLORIDA HOLDINGS, 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:

JPM HOLDINGS, LLC
c/o James Warren
22100 Zion Road, Brookeville, MD 20833

Mailing Address:

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TALLAHASSEE, FLORIDA

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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:

Anné Desormier-Cartwright PA

Name

480 Maplewood Drive, Suite 3

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

Jupiter, FL 33458

FL

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)

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:

MGRM

JPM HOLDINGS, LLC

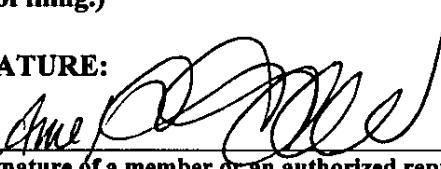
c/o James Warren

22100 Zion Road, Brookeville, MD 20833

(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.)

Anné Desormier-Cartwright

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)

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TALLAHASSEE, FLORIDA

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